



# SIDNEY FIREFIGHTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Valid DL Number	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have any physical limitations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

Federal and State laws prohibit discrimination. This Application is for use in screening applicants for volunteer fire fighters for the Sidney Fire Protection District. The Sidney Fire Protection District is committed to the equality of opportunity for all people. It is the policy of Sidney Fire Department to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces.

AVAILABILITY INFORMATION			
<i>List what hours you are available to respond to fire calls below.</i>			
Are you able to leave work if needed to respond to fire calls? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Sunday	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>
Tuesday	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>
Thursday	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>
Saturday	Morning <input type="checkbox"/>	Afternoon/Evening <input type="checkbox"/>	Overnight <input type="checkbox"/>

CURRENT AND PREVIOUS EMPLOYMENT			
Company			Phone (    )
Address	Supervisor		
Job Title	Hours per Week		
Responsibilities			
From	To	Reason for Leaving if applicable?	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Supervisor's phone number:

Company				Phone	( )
Address				Supervisor	
Job Title				Hours per Week	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/> Supervisor's phone number:

Company				Phone	( )
Address				Supervisor	
Job Title				Hours per Week	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/> Supervisor's phone number:

<b>REFERENCES</b>	
<i>Please list three references.</i>	
Full Name	Relationship
Occupation	Phone ( )
Full Name	Relationship
Occupation	Phone ( )
Full Name	Relationship
Occupation	Phone ( )

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
By signing this application I also understand that the Sidney Fire Protection District may verify this information by means including, but not limited to, a background check.	
Signature	Date