



City of Rainsville Fire/Rescue Department



Application for Volunteer Fire Fighter

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Equal Employment Opportunity: The Rainsville Fire Department does not discriminate against applicants for membership on the basis of race, color, national origin, sex, age or handicap; and there is not an unwritten policy of discrimination for membership.

Requirements for Membership:

1. Applicant must be a US Citizen and reside in Dekalb County, Alabama.
2. Applicant must be 18 years of age or older.
3. Note some restrictions may apply if applicant is an active firefighter with another volunteer fire department within Dekalb County.

Requirements of Members:

1. Each active member must complete any mandated training as required by the fire chief.
2. All active volunteer firefighters must complete the Certified Volunteer Firefighter 160 course and all NIMS classes within two years of hire.
3. All members are to be up to date on city policies and SOP/SOGs.
4. All members are expected to be kind, courteous, honest and positive representatives of the department at all times.

Submit application to Derrick Huskey, Recruitment and Retention Coordinator

71 Circle Drive Rainsville, Alabama 35986 Office (256) 638-8055 Fax (256) 638-8057

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Nickname/Preferred Name _____ Sex: ___ Male ___ Female

Date of Birth ___/___/___ Place of Birth _____

Drivers License #: _____ State: _____ Expiry _____ License Classes _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Children's Names & Date of Birth _____

Social Security Number _____ - _____ - _____

How long have you lived at current address? _____

Emergency Contact (In case of emergency , please Notify):

Name: _____ Relationship _____

Address _____

Phone: _____

Beneficiary Information (If Accepted, In Case of Death)

Primary _____

Address _____

Relationship _____ Date of Birth _____

Contingent _____

Address _____

Relationship _____ Date of Birth _____

MEDICAL HISTORY

Have you ever been diagnosed or do you presently have, any medical condition(s) that would affect your ability to perform the rigorous duties associated with firefighting? ___ Y ___ N

Have you ever been diagnosed or do you presently have any medical conditions(s) that would affect your ability to properly operate an emergency vehicle ___ Y ___ N

Do you have any medical restrictions or requirements on your drivers license? ___ Y ___ N
If yes , Please explain: _____

FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of this department before? ____ Y ____ N
If yes, please give dates, and the circumstances under which you left. _____

Have you ever served in another Fire/Rescue Department ____ Y ____ N
If yes, please give the name and address of the department(s), dates of service, and the
circumstances under which you left. _____

List any and all offices held at previous departments: _____

Provide name of telephone number of former Chief or supervising officer at previous
department(s). _____

List any fire, rescue, and EMS or related classes you have taken, including where and when you
took the class. (include photocopies of certificates if available) _____

BACKGROUND INFORMATION

Have you ever been arrested for a felony or misdemeanor? ____ Y ____ N
If yes explain _____

Have you ever been convicted of a felony or misdemeanor? ____ Y ____ N
If yes explain _____

Are you now or have you ever been under investigation, indictment, or probation for a felony or
misdemeanor? ____ Y ____ N If so explain on the reverse side of this page.

EDUCATION

High School; _____ Highest Grade Completed _____

Technical or Trade School _____

Major Course or Subject _____

College _____

Major Course or Degree _____

Other education or training _____

MILITARY SERVICE AND EMPLOYMENT HISTORY

Military Service: From _____ To _____ Type of Discharge _____

Employment:

Present Employer: _____ Phone : _____

Supervisors Name _____ Phone: _____

Position Held _____ Date hired _____

Previous Employer _____ Phone _____

Previous Supervisor _____ Phone _____

Position Held _____ Date employed _____ to _____

REFERENCES

Please list two references whom you have known for at least three years, who are not related to you, and who are not past or present employers.

Name _____ Phone _____ E-Mail _____

Address _____

Name _____ Phone _____ E-Mail _____

Address _____

List any members of RAINSVILLE FIRE & RESCUE with whom you are acquainted: _____

STATEMENT OF VERACITY

I certify that I have completed this application, and I have given all information herein without omission of falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in anyway, should you give me membership with Rainsville Fire & Rescue . I fully understand that should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or if I am a member , my membership and all rights and privileges thereof may be immediately terminated. My signature on this application indicates that I understand that the position of firefighter is physically challenging and that my membership is dependent on receipt of a favorable background investigation. I understand that I am subject to an agility test, physical examination, and a drug screening, I _____
an applicant for Rainsville Fire & Rescue hereby authorize any information that the department may request concerning my medical, criminal, employment, military, scholastic, or previous firefighting experience and records. Any organization or individual presented with this authorization is ask to cooperate fully with the departments investigation. Any information obtained during this background investigation will be held in strictest confidence.

Signature of Applicant _____ Date _____