

FORT PIERRE VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

305 NORTH DEADWOOD AVENUE
P. O. BOX 123
FORT PIERRE, SOUTH DAKOTA 57532

APPLICATION AND PERSONAL HISTORY STATEMENT

MINIMUM STANDARDS
FOR ACCEPTANCE:

- (1) Is a citizen of the United States;
- (2) Is at least 18 years of age at the time of appointment;
- (3) Is of good moral character;
- (4) Is interviewed in person by the hiring agency or its designated representatives before joining. The interview shall include questions to determine applicant's general suitability for fire fighting service, appearance, personality, temperament, ability to communicate, and other characteristics reasonably necessary to the performance of the duties of a fire fighter;
- (5) Has not unlawfully used any prescribed drug, controlled substance, or marijuana within one year before the time of application.

GENERAL INSTRUCTIONS: Type or hand print an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block.

DO NOT MISSTATE OR OMIT material fact since the statements made herein will be verified to determine your qualifications for membership.

POSITION APPLIED FOR	DEPARTMENT			DATE:
FIRE FIGHTER	FORT PIERRE VOLUNTEER FIRE FIGHTERS ASSOCIATION			
1. LAST NAME	FIRST NAME	MIDDLE NAME	2. MALE ()	FEMALE ()
3. ALIAS(ES), NICKNAMES(S), MAIDEN NAME, OTHER CHANGES IN NAME			4. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
5. PRESENT RESIDENCE ADDRESS STREET OR RFD / CITY OR POST OFFICE / STATE ZIP CODE				
6. DATE OF BIRTH (month, day, year)		7. PLACE OF BIRTH	8. TELEPHONE Home _____ Bus. _____	
9. HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	10. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS TATTOOS.
11. U.S. CITIZEN		NATIVE NATURALIZED Yes () Certificate No. No ()		12. SOCIAL SECURITY NUMBER _____
13. NEXT OF KIN: _____				
14. IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED: _____				
PHONE NUMBER: _____				

15. EDUCATION:

A. List all elementary, junior high, and high schools attended.

NAME	LOCATION	GRADUATED	Yes	No

B. If not a High School graduate, have you completed the General Educational Development (GED) tests? Yes No
If yes, when? Where?

C. Higher education. List information below for all colleges or universities attended.

NAME & LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE	YEAR
	FROM	TO	SEMESTER	QUARTER	REC'D	REC'D

Major and minor college courses.

D. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.

E. List any previous Fire Department, EMT training, or experience. Give name of department, location, dates, contact person and any other pertinent data.

16. DRIVER'S LICENSE: Do you currently hold a valid/active South Dakota Driver's license? Yes No If yes, list driver's license #:

17. VEHICLE OPERATOR'S LICENSE: (Driver's, Chauffeur's, etc). Give the following information concerning any vehicle operator's license you have held or now hold:

Kind of License	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance of a license, or have you ever had a license suspended or revoked? Yes No
If yes, explain

Have you ever had automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? Yes No
If yes, give details, including reasons, names of companies, dates, etc.

Give name and address of the automobile insurance company (agent name, phone number and expiration date) you currently have.

18. ARREST, DETENTION, AND LITIGATION: (Show ALL arrests including juvenile delinquent & traffic)

A. Have you ever been arrested or detained by a law enforcement agency for any reason? Yes No

B. Have you ever been fingerprinted for any reason (arrest, job applicant, etc)? Yes No

If the answer to any of the above questions is YES, list below the date, place, and details of each incident.

19. MILITARY SERVICE:

BRANCH	FROM	TO	TYPE OF DISCHARGE
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20. EMPLOYMENT: (last 5 years)

EMPLOYER	FROM	TO	GENERAL DUTIES
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21. EMPLOYER OBJECTION TO LOSS OF EMPLOYMENT: Would your employer object to loss of employment due to fighting fires? Yes No

Hours of the day MOST AVAILABLE for Fire Calls:
 Day Time Night Time Any Time

22. PHYSICAL LIMITATIONS: Do you have any physical limitations which may affect fire fighting duties? Yes No
If yes, explain _____

23. REFERENCES: (list 3 not relatives or employers)

NAME	ADDRESS	OCCUPATION

I understand that a criminal background investigation, and a driver's history will be conducted to verify the authenticity and completeness of the information furnished by me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing, if any of the above information contains any misrepresentations of falsification, or if any material information has been omitted.

Furthermore, I agree that if requested, I will complete a fingerprint card in order to be checked by the Division of Criminal Investigation for criminal activity.

Date

Signature of Applicant

