



Dear Prospective Applicant:

Thank you for expressing an interest in joining the Washington Volunteer Fire Company. We are always seeking individuals that are willing to devote their time to community service by providing fire protection. Membership in the Washington Volunteer Fire Company will require you to give of your time and talents to our organization. You will find this volunteer career very rewarding.

Please fill out the attached application and return it to Assistant Chief Mark Skornia. He will set up an interview time with you. He may be reached at the following numbers:

636-239-3198 (home)

636-390-7702 (pager)

636-262-4504 (Nextel)

Once your interview is completed, it will probably take two months to complete the required background checks and receive acceptance as a trainee by the Washington Volunteer Fire Company.

I look forward to meeting you and having you as a part of our organization.

Sincerely,

W.H. "Bill" Halmich, Fire Chief
Washington Fire Department

7/2002



Washington Volunteer Fire Company Application for Membership

_____, an active member of the Department in good standing,
proposes for membership in the Washington Volunteer Fire Company:

Name _____ Social Security Number _____

Address _____ Telephone Number _____

Are you between the age of 18 and 50? Yes _____ No _____

How long have you lived in the area served by the Washington Fire Department? ____ Years ____ Months

Are you currently employed? Yes ___ No ___ May we contact your present employer? Yes ___ No ___

List employers with your present employer first.

Employer	Phone #	Dates Employed	Supervisor Name	Work Performed
1.				
2.				
3.				

Have you been convicted of a felony within the last 7 years? If yes, please explain _____

Are you capable of performing the activities described in the attached job description? Yes ___ No ___

Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School			
High School			
College			
Professional			
Other			

Please describe other special job-related skills acquired from employment or other experience. _____

List any fire service experience. _____

List three adults other than fire company members or relatives as references.

Name	Address	Phone Number

Would your present employer object to you being on call during working hours? Yes ____ No ____

This application is made with my knowledge. _____
(signature of employer)

Do you realize that the Fire Department is not a social club and that as a member you will be required to give freely of your time to respond to incidents, attend meetings and drills, and work on committees?
Yes ____ No ____

I realize that if I am accepted for membership in the Washington Volunteer Fire Company, I will be giving part of my time to public service. I further realize that giving some form of public service is the duty of every citizen.

Applicant's Signature _____ Date _____

Note: Your signature on this application acknowledges that you will submit to a drug screening at the discretion of the Washington Fire Department as part of the application process. Misinformation on the application will be grounds for non-acceptance.

Proposer's Signature _____ Date _____



CERTIFICATE OF APPLICANT
Authorization for Release of Information
(Read Carefully Before Signing)

I, (Print Full Name) _____ herby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any mis-statements or omission of material facts will cause forfeiture on my part of all rights to employment with the City of Washington, Missouri.

I herby authorize all law enforcement agencies, the Veterans Administration, U.S. Army, U.S. Air Force, all military agencies, tax bureaus, credit bureaus, schools and universities, to furnish the holder of this release with all and any available information regarding me in order that he may determine my suitability for employment.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation.

I authorize the release of any and all information regarding my employment, credit, or any other information whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may issue from furnishing such information to the holder of this release.

A photostatic or xerox copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant

Date

Signature of Witness

Date

Drivers License # _____

Date of Birth _____

7/2002