



# WEAVERVILLE FIRE DEPARTMENT

## Membership Application

This form is kept confidential. Please return it to the Fire Chief or Admin Officer during regular business hours.

Explorer (age 14-21)

Type of Membership applying for:

Regular (18 and over)

Support Services

Name: (Last, First, Middle)

Driver's Lic. #

Today's Date:

Mailing Address (St., City, State, ZIP Code)

Physical Address (St., City, State, ZIP Code)

Home Phone

Work Phone

Cell Phone

Email:

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever been a member of this department? Yes  No  If yes, when? \_\_\_\_\_

### EDUCATION

Name/Location	Last Year Completed	Graduated?	Major or Emphasis
Middle School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			

### MEDICAL

Please list any medical conditions that would prevent you from performing the full range of duties pertaining to a volunteer firefighter:

*You may be required to have a physical exam by a Physician at the District's expense. Job Description available upon request.*

### MILITARY SERVICE

Branch of Service:

Date of service:

Duties Performed:

### PRIOR EMS/FIRE EXPERIENCE

Business/Department Name & Location	Supervisor	Phone number	Left on good terms?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

### CERTIFICATIONS

Please list any certifications you currently hold.

**EMPLOYMENT**

List your last three employers beginning with the most recent first.

	Current or Most Recent		Prior		Prior	
Employer						
Address						
Phone						
Name of Immediate Supervisor						
Position/Job Title						
General Description of your work						
Dates of Employment	From	To	From	To	From	To
Reason for Leaving						

**REFERENCES**

Please list three persons, not related to you, whom you have known for at least one year.

	Name	Address	Phone	Years known
1				
2				
3				

**RESIDENTIAL HISTORY**

Please provide a list of the last three places you lived.

	Address	How long there	If renting, landlords name	Phone
1				
2				
3				

**EMERGENCY CONTACTS**

Name:			Relation:		
Mailing Address (St., City, State, ZIP Code)					
Physical Address (St., City, State, ZIP Code)					
Home Phone	Work Phone	Cell Phone	Email:		
Name:			Relation:		
Mailing Address (St., City, State, ZIP Code)					
Physical Address (St., City, State, ZIP Code)					
Home Phone	Work Phone	Cell Phone	Email:		

**CONTRACT OF UNDERSTANDING**

Please read carefully. Initial each paragraph and sign below

\_\_\_\_ I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure appointment shall be grounds for rejection of this application or for immediate discharge if I am appointed regardless of the time elapsed before discovery.

\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for appointment and that the answers given by me are true and correct to the best of my knowledge.

\_\_\_\_ I hereby authorize Weaverville Fire Protection District to thoroughly investigate my references, work record, education and other matters related to my suitability for appointment and, further, authorize the references I have listed to disclose to the Weaverville Fire Protection District my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related in such investigation or disclosure

\_\_\_\_ I am not required to register as a sex offender pursuant to Penal Code 290.

\_\_\_\_ I understand there is a "zero tolerance" policy regarding drug and alcohol use at WFD and I do not use dangerous or illegal drugs. I have not received disciplinary action for violating company policies on the use of alcohol, or drugs. I have not been convicted during the preceding 7-year period of any offense relating to the use, sale, possession, or transportation of controlled substances.

\_\_\_\_ Within the last three (3) years

- my driver's license has not been suspended or revoked by the Department of Motor Vehicles because of my driving
- I have NOT been found to be a negligent driver by the Department of Motor Vehicles
- I have not been convicted of failing to stop and render aid in an accident involving injury or death, driving while under the influence of alcohol or a drug, or reckless driving involving alcohol.
- I have not been on probation to the Department of Motor Vehicles

\_\_\_\_ I meet the minimum standards required by the Department of Motor Vehicles to obtain a California Driver's License and acknowledge that WFD participates in the DMV 'pull notice program.'

\_\_\_\_ I am willing to give freely of my time to attend emergencies, drills, training sessions, and meetings as required by the Weaverville Fire Department.

\_\_\_\_ I am willing to work on committees as assigned

\_\_\_\_ That I understand that it is my responsibility to abide by all rules contained in the Code of Conduct policy and that the general standard of conduct is to act in the manner of professionalism. I understand that I'm expected to be courteous and respectful of other members and to all citizens.

**For Members younger than 18-years-old to also be completed by a parent or legal guardian.**

I, and my son/daughter, have read ALL of the Explorer Firefighter Guidelines and understand the purpose of the Explorer Firefighter. I, and my son/daughter, understand that Explorer Firefighters serve as supporters of the Weaverville Firefighters, to learn the basics of Firefighting, and to prepare to become a full member at the age of 18. I, and my son/daughter understand that Explorer Firefighters are to follow all instructions from regular members. I, and my son/daughter, acknowledge that The Fair Labor Standards Act (FLSA) sets wage, hours worked, and safety requirements for minors and that the rules vary depending upon the particular age of the minor and agree to abide by such rules.

My son/daughter, has my permission to be a Explorer Firefighter with the WFD and we do not hold the Weaverville Fire District responsible for any actions caused by my son/daughter that is not under the direction of an Officer.

Parent/Guardian Signature:

Have you been convicted of a felony? Yes  No  If yes, please attach a separate sheet of paper explaining details including dates of convictions.  
*A conviction doesn't automatically preclude you from membership.*

In the past 7 years, have you been convicted of any misdemeanor offences? Yes  No  If yes, please attach a separate sheet of paper explaining details including dates of convictions:

{California Civil Code § 1786.53}

- I am aware that Weaverville Fire Protection District may obtain public records regarding me for appointment purposes, including but not limited to evaluation for appointment assignment, and/or promotion as well as conducting investigations into possible misconduct.

- I acknowledge that the term public records as used herein is limited to records of arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment. Check one box only.

- I hereby elect to receive any public records which may be obtained by the Weaverville Fire Protection District for appointment purposes under Civil Code § 1786.53.
- I hereby elect not to receive any public records which may be obtained by the Weaverville Fire Protection District for appointment purposes under Civil Code § 1786.53.

- Any false or misleading responses or failure to report required information shall be grounds for disqualification or immediate dismissal. I agree to report any changes in my status to the Fire Chief.

- I certify under penalty of perjury that all statements and answers given by me on this application are true and complete. I understand that by signing this Contract of Understanding that I'm declaring that I will follow all policy set forth by The District. I understand that any acts that violate the guidelines and that are illegal by federal or state law will be referred to the Trinity County Sheriff's Department.

Applicant Signature

Date