

**Application for Membership
Derby Fire & Rescue Department
Volunteer Division**

Name:	Last	First	Middle
Address		Home Phone	Work Phone
City		State	Zip Code

Previous address if lived at the above less than two years. _____

Date of Birth _____ Place of Birth _____

Drivers License Number _____ State _____
Expiration Date _____

Circle the Appropriate Response:

Are you a U.S. citizen? **Yes / No**

Are you currently a member of the U.S. Armed Forces? **Yes / No**

Have you in the past or are you currently involved in civil litigation? **Yes / No**

Have you ever been convicted of a felony? **Yes / No**

If yes, please explain:

List below all traffic citations received in the last 36 months:

Name and address of person to notify in case of emergency:

Personal References (List two persons not related to you):

1.	Name	Address	Phone	Occupation
2.	Name	Address	Phone	Occupation

Why do you want to become a member of Derby Fire Volunteers? _____

Describe your background or experience in fire or any other related field which would be helpful in serving as a Derby Volunteer Firefighter?

List any education or certifications as it relates to the field of fire fighting.

List qualities you feel you possess that are necessary to be a successful Volunteer Firefighter.

Educational Record

Please start with the last school attended. Include High School.

From/To	School	Location	Graduated
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EMPLOYMENT RECORD

Please start with most recent employer.

From / To	Employer	Address	Phone	Reason for leaving
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What hours would you most be available for responses in the City of Derby?

Will your employer allow you to respond for calls during work hours? **Yes / No**

If you are late for work because of an emergency call will this be a problem? **Yes / No**

Do you understand that besides answering calls, there are also two training meetings a month? **Yes / No**

If the local media conducted a "background check" in order to discredit your candidacy for this position, what is the worst thing they might find?

Derby Fire and Rescue Volunteer Application Agreement and Certification

I hereby certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of membership or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

If I am accepted for membership by Derby Fire and Rescue Volunteer Force, I agree to have a physical examination and a drug screen in accordance with the City of Derby Personnel Policy and Procedure manual by the physician selected by the City. The medical examination will be used to confirm that I can perform, with reasonable accommodation, the essential functions of the job. The physician performing the physical examination is hereby authorized to release medical information obtained to Derby Fire and Rescue Department.

I further understand and agree that if I am offered membership pursuant to this application, the terms, conditions, and duration of my membership will be determined by the Derby Fire and Rescue Department and may be modified from time to time at their discretion.

Signature of Applicant

Date

For Official Use Only

Date Received _____ By _____

Back Ground Check _____ By _____

Interview Scheduled For _____

Interview Conducted _____

Staff Recommendation _____

Date Accepted _____

Authority to Release Information

I respectfully request and authorize you to furnish the City of Derby any and all information concerning my previous employment, criminal record, and other pertinent information you may have. This authorized information may be used by the City of Derby for initial verification and annual update purposes only and is to be kept in the strictest confidence. Further, this information that I authorize for release, will release all parties from all liability for any damage that may result from furnishing same.

Social Security Number _____

Date of Birth _____

Drivers License Number _____

State of Issue _____

Applicants Signature _____

Printed Name _____

Date _____

Notary Certification

State of Kansas

County of Sedgwick

Signed and affirmed before me on _____, 20____

Notary Signature

My appointment expires: _____