Application for Membership

# Harrisburg Community Fire Department Inc.



47591 273rd St Harrisburg, South Dakota 57032 605-743-5700

Date\_\_\_\_\_

### Personal Information

Name					
Current Address					
City/State/Zip Code					
Home Phone	Cell Pl	hone	Work F	hone	
Email Address					
Are you a legal US citizen?	YES[] NO[]	Are you over 1	L8 years of age? YES	[] NO[]	
Experience					
Have you previously filed a If so, when?	n application with the H	larrisburg Comr	nunity Fire Dept Inc?	YES [ ]	NO[]
Have you ever been denied If so, please explain:	membership to any Fir	re department?		YES [ ]	NO[]
Have you ever been dischar If so, please explain:	rged or asked to resign	from any Fire de	epartment?	YES [ ]	NO [ ]
Can you provide Certification List any Firefighting or EMS		you have:		YES [ ]	NO [ ]
	Certification	State	Expiration		
				2-0-0 P	

List any other training or experiences relevant to participation with the Harrisburg Community Fire Dept Inc:

## Education

Name of School	Course of Study	# of Years Completed	Did you Graduate
-			
	Name of School	Name of School Course of Study	in or reard

# Employment

Current Employer	Ű.	Telephone Number	
Address	e:	Name of Supervisor	
Start Date	End Date	May we contact?	YES [ ] NO [ ]
Job Title and Work Descrip	tion		
Hours Worked			
Previous Employer		Telephone Number	
Address		Name of Supervisor	
Start Date	End Date	May we contact?	YES [ ] NO [ ]
Job Title and Work Descrip	tion		
Hours Worked			

## References

List three references, not related to you that you have known for at least two years.

Name	Relation	Phone Number	Best time to call	Years Known	

# **Emergency Contact**

Name	Phone Number	Relationship

#### **General Information**

Do you posses a valid South Dakota Drivers License? If yes, provide License Number:	YES [ ]	NO [ ]
Have you ever been convicted of a moving traffic violation, misdemeanor, or felony? If yes, explain:	YES [ ]	NO [ ]
Are you currently under any pending indictment or charge? If yes, explain:	YES [ ]	NO[]
If asked to do so, would you be willing to submit a physical/medical examination?	YES [ ]	NO[]
Do you have any medical issues, health concerns, or physical disabilities that may interfere with your ability to fully perform all fire and rescue duties? If yes, explain:	YES [ ]	NO [ ]

#### Essay

Why do you want to be a member of the Harrisburg Community Fire Dept Inc?

#### Agreement

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for becoming a member of the Harrisburg Community Fire Dept Inc as may be necessary in arriving at a decision, and I release the Harrisburg Community Fire Dept Inc, it's representatives and all persons, companies and corporations supplying such information from any liability which may result from making such investigation.

In the event of my becoming a member of the Harrisburg Community Fire Dept Inc, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Fire Dept. I also understand that as a new member, I must obtain and maintain one of the following within 24 months of becoming a member: South Dakota Firefighter certification, South Dakota EMT-Basic certification, or South Dakota Wildland and First Responder certification.

Signature of Applicant			Date		
			For Department Use Only		
Date Received	Date of 1 <sup>st</sup> Reading		_ Date of 2 <sup>nd</sup> Reading		
Arrange Interview	YES [ ]	NO[]	Date of Interview	Time of Interview	
Recommended?	YES[]	NO [ ]			
Not Recommended	YES [ ]	NO [ ]			
Signatures of Intervie	ewers				
	( <del>1.51)</del>				

Remarks: