



# South Fork Fire Rescue

PO Box 579, South Fork Colorado, 81154

(719)-873-1030

## APPLICATION FOR MEMBERSHIP



### Department Use Only

Date Application Received	Start of Probationary Period	Start of Membership
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### Section One: Personal Data

Name: Last	First	Middle	Home Phone	Work Phone	Cell/Other
Address: Number	Street	Apt.	City	State	Zip
Date of Birth	Drivers License #	State			
E-Mail Address					

### Section Two: Education and Training

Name of High School Attended	Year of Graduation/GED	Business or Vocational Schools Attended
Name of College/University Attended	Degree/Number of Credits	
Other Training or Certifications		

### Section Three: Fire/Rescue/EMS Experience

Current/Previous Fire-Rescue-EMS Department Affiliation	Membership Dates	Telephone Number
Address of Department		
List Ranks Held By You, As Well As Relevant Training (ie: Basic Fire Fighting, EMT, etc.) Attach Copies of Certificates		
Your Current Status With The Organization or Reason For Leaving		

### Section Four: Employment

<b>1</b>	Current or Most Recent Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving (Enter N/A if Not Applicable)	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number
<b>2</b>	Prior Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number
<b>3</b>	Prior Employer	Month/Year Employment Started	Month/Year Employment Ended
	Complete Address	Reason For Leaving	
	Your Title/Position/Job	Name & Title of Supervisor	Telephone Number

Section Five: References		DO NOT list Relatives	
<b>1</b>	Person Who Has Known You for Two or More Years	Occupation	Number of Years Known
	Complete Address Home Telephone Number Work Number		
<b>2</b>	Person Who Has Known You for Two or More Years	Occupation	Number of Years Known
	Complete Address Home Telephone Number Work Number		
<b>3</b>	Person Who Has Known You for Two or More Years	Occupation	Number of Years Known
	Complete Address Home Telephone Number Work Number		

**Section Six: Miscellaneous Information**      **If you answer yes to any question please attach a detailed explanation**

Yes  No    Have you ever been arrested or convicted of a criminal offence (misdemeanor or felony)?

Yes  No    Have you ever been convicted of arson?

Yes  No    Have you ever applied, or been turned down for membership in any other Fire/Rescue/EMS Department?

Yes  No    Do you belong to any other volunteer organizations?

Yes  No    Have you ever been diagnosed or do you presently have any medical condition(s) that would affect your ability to perform the rigorous duties associated with firefighting?

Yes  No    Have you ever been diagnosed or do you presently have any medical condition(s) that would affect your ability to properly and safely operate an emergency vehicle?

Yes  No    Has your drivers license ever been suspended or revoked?

Yes  No    Have you ever received a ticket for a traffic offence?

Yes  No    Have you ever been in a vehicle accident in which you were the driver?

Yes  No    Have you ever used or do you currently use any illegal drugs or controlled substances?

**\*\*Please attach a short essay of the reason you want to join South Fork Fire Rescue . \*\***

**\*\*Please attach a copy of your driving record\*\***

**\*\* Please attach a copy of your Criminal History found at [www.cbirecordscheck.com](http://www.cbirecordscheck.com) \*\***

**Section Seven: Certification and Authorization**

I hereby certify that all statements on this application are true and complete to the best of my knowledge and that any misrepresentation or withholding of facts or information will be cause for the immediate rejection or dismissal of this application, or in my discharge from South Fork Fire Rescue.

By signing this application, I am authorizing South Fork Fire Rescue, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the South Fork Fire Rescue access to **all** records and I authorize the release of **all** information held by any individual or organization.

Further, I understand / agree that membership is for no definite period and may be terminated at any time without any previous notice, with just cause as set forth by the Bylaws and/or Standard Operating Procedures of South Fork Fire Rescue. I understand that I do not have a contract of employment and no one is authorized to make such promise.

I understand that the duties are physically challenging and South Fork Fire Rescue strives to provide a high quality service. Tobacco and alcohol use is discouraged while illegal drug use is prohibited. A drug screening may be required at the time of application or at any time deemed necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Chief's Signature