



VILLAGE OF FAYETTEVILLE

APPLICATION FOR DEPARTMENT OF FIRE



Application Date: / /

*** Please print clearly. Use back of application if more space is needed ***

PERSONAL:

NAME:

Last _____ First _____ Middle _____

Street Address _____

City, State, Zip Code _____

Home Telephone: _____

Cell Telephone: _____

Social Security Number _____

Email Address _____

Preferred Contact Method

☐ Email

☐ Phone (Home/Cell) Hours _____ AM/PM

Are you over 18 years of age?

☐ Yes ☐ No

EMPLOYMENT:

Current Employer _____

How Long? _____

Employer Address _____

Employer Telephone _____

Scheduled Work Hours _____

Current Title/Position _____

May we contact your Employer if necessary?

☐ Yes ☐ No

If Less Than 2 Years at Current Employer:

Previous Employer _____

Previous Employer Telephone _____

Reason for Leaving _____

How Long Employed? _____



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EDUCATION

HIGH SCHOOL: Name & Address _____

Graduate? ☐ Yes ☐ No

Degree _____

COLLEGE: Name & Address _____

Degree? ☐ Yes ☐ No

Major _____

SPECIALIZED TRAINING (i.e. Medical training, Fire/Rescue training, rope rescue, diving, etc.)

SPECIALIZED TRAINING - Please attach related certificates to this application

EXPERIENCE

MILITARY: Current/past member of the ARMED FORCES

Highest Rank _____

☐ Yes ☐ No

Branch of Service _____

Date of Discharge _____

Type of Discharge _____

FIRE/EMS: Past/current member in a Fire/EMS Corps?

Position/Title _____

☐ Yes ☐ No

Name & Address of Fire/EMS Corps _____

Telephone Number _____

How long at Fire/EMS Corps _____

Ever been denied membership to another Dept/CORPS?

☐ Yes ☐ No

If 'Yes' - Explain Briefly _____

MISCELLANEOUS

Have you ever been convicted of a crime?

☐ Yes ☐ No

If 'Yes' - Explain Briefly _____

(NOTICE: A person who has been convicted of arson in any degree is not eligible for either initial or continued membership in the Village of Fayetteville Fire Department. Other types of convictions are not an automatic bar to membership. Each case is considered on an individual basis in relation to the duties and responsibilities of a volunteer firefighter/EMS provider.)



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CHARACTER AND/OR PROFESSIONAL REFERENCES: (no relation)

1. Name: _____
Phone: _____
How do you know them? _____

2. Name: _____
Phone: _____
How do you know them? _____

3. Name: _____
Phone: _____
How do you know them? _____



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INTEREST

FIRE /RESCUE	<input type="checkbox"/> Apparatus Driver/Operator <input type="checkbox"/> Exterior Firefighter / Interior Firefighter
AMBULANCE/EMS	<input type="checkbox"/> Driver / Aide <input type="checkbox"/> Crew Chief <input type="checkbox"/> Medic/Paramedic
FIRE POLICE	<input type="checkbox"/> Firefighter/Scene safety <input type="checkbox"/> Crowd control <input type="checkbox"/> Traffic control
FIRE CORP	<input type="checkbox"/> Maintain Dept. files/records <input type="checkbox"/> Record meeting minutes, etc. any other Department events.

DEPARTMENT REQUIREMENTS

As a member of the Fayetteville Fire Department, you will be expected to meet the following requirements:

- EMS – Participate in a minimum of 20 training hours, 5% of all EMS calls or 85% of all duty night EMS calls. Maintain all medical certifications.
- FIRE - Participate in a minimum of 550 hours of duty time
- FIRE CORP – Observe a minimum of 5 Department drills,
- FIRE/EMS/ADMIN - Attend all Department required OSHA classes or refreshers annually. These classes are required before a new member can ride on any emergency vehicles.
- FIRE/EMS/ADMIN - Adhere to all Department rules, regulations and Suggested Operating Guidelines (SOGs).
- FIRE/EMS/ADMIN – Initial medical examination and annual medical examinations thereafter.

****APPLICANT STATEMENT****

I have read and understand the requirements of membership with the Fayetteville Fire Department. I affirm that the statements made on this application (including any attachments) are true. I further understand any statement or information I have furnished on this application found to be false may be reason for immediate dismissal from the Fayetteville Fire Department. I hereby grant permission to the membership committee to investigate and confirm any information I have so stated on this application to be true. I am also aware that at any time during my membership with the Fayetteville Fire Department, any conduct on my part determined to be unprofessional in manner or appearance to the Village of Fayetteville and/or the Fayetteville Fire Department officers may be cause for dismissal from the Department.

SIGNED: _____

DATE: _____

Referred By: _____

CONTACT INFORMATION:

- In person – stop by the Fire Station any weekday between 8am and 9pm, weekends 9am and 5pm.
- Telephone – (315) 637-6101 anytime.
- Email – recruitment2012@fayettevillefd.com

Thank you