

YANKTON VOLUNTEER FIRE DEPARTMENT FIRE FIGHTER APPLICATION

P.O. BOX 176
YANKTON, SD 57078

Qualified applications are considered for all open positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

This application must be returned to the Fire Chief's office no later than the last Friday of the month. This application will be held on file for a period of one year.

Date of application _____

Name _____

Address _____

Phone _____ Social Security No. _____

Are you between the age of 21 and 45? Yes No

Do you live within the City limits? Yes No

Are you within 5 miles of the City limits? Yes No

Have you ever filed an application here before? Yes No Date _____

Have you ever been a member of the YVFD before? Yes No Date _____

May we contact your current or most recent employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status is required upon employment)

Have you been convicted of a felony within the last seven years? Yes No

If yes, explain _____

Are you able to perform without special accommodations? Yes No

This position requires a valid South Dakota drivers License, do you possess one?

Yes No If no, can you obtain one? Yes No

If this position should require a valid South Dakota commercial driver's license, do you possess one? Yes No If no can you obtain one? Yes No

EMPLOYMENT EXPERIENCE

List each job held. Start with your present job. Include military service assignments and volunteer activities. You may exclude groups which indicate race, color, sex, national origin, disability or other protected status. (If you need additional space, please continue on a separate sheet of paper.)

Employer	Date	Work Performed
	from to	
Address		
Telephone No.		
Job Title	Supervisor	
Reason for leaving		

Employer	Date	Work Performed
	from to	
Address		
Telephone No.		
Job Title	Supervisor	
Reason for leaving		

Employer	Date	Work Performed
	from to	
Address		
Telephone No.		
Job Title	Supervisor	
Reason for leaving		

Summarize special job related skills and qualifications acquired from employment or other experiences that might pertain to firefighting.

YANKTON VOLUNTEER FIRE DEPARTMENT
FIRE FIGHTER APPLICATION
PART 2

Applicants name: _____

Place of employment: _____

Work phone number: _____

EMPLOYERS STATEMENT:

I hereby give permission to the applicant named above to respond to fires while on the job or on call.

Yes ___ No ___ If no explain: _____

Employers signature: _____ Date: _____

Signature of Applicant: _____

The employer was contacted by members of the executive committee.

Yes ___ No ___ Comments: _____

EDUCATION

	High school	College/University	Graduate/Professional
School Name			
Years complete (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (circle)	None Diploma GED		
Describe course of study			
Describe Specialized Training, Apprenticeship Skills and Other Extra Curricular Activities			

References:

Give name, address and phone number of three personal references not related to you.

1. _____
2. _____
3. _____

State any additional information you feel may be helpful to us in considering your application.

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 Yankton Volunteer Fire Department as may be necessary in arriving at a decision, and I release the City of Yankton, the Yankton Volunteer Fire Department and its representatives and all persons, companies and corporations supplying such information from any liability which might result from making such investigation.

In the event of my becoming a member of the Yankton Volunteer Fire Department, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Fire Department.

I understand this application is not a contract of membership. In the event of my becoming a member of the Yankton Volunteer Fire Department, I understand I will be subject to a physical, at the Yankton Medical Clinic, and one year probationary period where my membership in the Fire Department is terminable at will so that both the Fire Department and I remain free to choose to end our working relationship.

Signature of Applicant _____ Date _____

For Department Use Only

Arrange Interview Yes ___ No ___ Date and Time _____

Remarks _____

Signature of 3 interviewers _____

Accepted: Yes ___ No ___ If accepted, date of acceptance _____

Signature of President _____

Signature of Secretary _____

Signature of Chief _____

Signature of City Manager _____

Signature of Yankton Rural Fire Protection District President:

Date Retired / Resigned _____

Remarks: