



HATLEY AREA FIRE and AMBULANCE DISTRICT

Membership Application Effective 1-2007

Date of birth _____

Last Name		First Name	Middle Initial
E-Mail Address*		Date Available	

MAILING ADDRESS

Street	City	State	Zip
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Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Telephone Number:	Alternate Telephone Number:
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you passed the I.A.F.F./I.A.F.C. candidate physical ability test (CPAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and CPAT received AFTER 10/28/06, include copy.		
When did you pass the CPAT? Month:	Year:	Location:
Do you have a valid driver's license? License #:	Do you have a valid commercial's driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what classification?	

EDUCATION AND TRAINING

Name and location of high school attended:	If you did not complete high school, do you have a GED equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRAINING BEYOND HIGH SCHOOL—College, university, or other schools you have attended.

Name and Location	Dates Attended From To	Credits Earned	Major Field	GPA	Degree Earned

CURRENT CERTIFICATIONS/LICENSES

Check all current certifications/licenses you hold. These certifications are state/national certifications, not technical college course completion certificates. **Copies of certificates/licenses must be included with your application,**

	Date	Certification #		Date	Certification #
<input type="checkbox"/> Firefighter I			<input type="checkbox"/> Fire Inspector		
<input type="checkbox"/> Firefighter II			<input type="checkbox"/> Fire Officer		
<input type="checkbox"/> Driver/Operator Pumper			<input type="checkbox"/> Fire Instructor		
<input type="checkbox"/> Driver/Operator Aerial					

EMERGENCY MEDICAL TECHNICIAN	License #	Nat'l. Registry #
<input type="checkbox"/> Basic		
<input type="checkbox"/> I.V. Tech/ Intermediate Technician		
<input type="checkbox"/> Intermediate 99/ Intermediate		
<input type="checkbox"/> Paramedic		

<input type="checkbox"/> Hazardous Materials Technician
<input type="checkbox"/> PADI or other scuba diver certification
<input type="checkbox"/> Other (specify) _____

PENDING CERTIFICATIONS/LICENSES

Check all PENDING certifications/licenses you are in the process of achieving. These certifications are state/national certifications, not technical college course completion certificates. **Proof of enrollment in certification classes must accompany your application.**

	Location	Anticipated Certification Date		Location	Anticipated Certification Date
<input type="checkbox"/> Firefighter I			<input type="checkbox"/> Fire Inspector		
<input type="checkbox"/> Firefighter II			<input type="checkbox"/> Fire Officer		
<input type="checkbox"/> Driver/Operator Pumper			<input type="checkbox"/> Fire Instructor		
<input type="checkbox"/> Driver/Operator Aerial					

EMERGENCY MEDICAL TECHNICIAN	Location	Anticipated Certification Date
<input type="checkbox"/> Basic		
<input type="checkbox"/> I.V. Tech		
<input type="checkbox"/> Intermediate 99		
<input type="checkbox"/> Paramedic		

<input type="checkbox"/> Hazardous Materials Technician
<input type="checkbox"/> PADI or other scuba diver certification
<input type="checkbox"/> Other (specify) _____

COURSE WORK

Please list any related courses you have completed. Example: NIMS IS700, ICS 100, Confined Space.

Please list organization(s) to which you belong or have belonged and honors or awards you have received relevant to the job for which you are applying.

REFERENCES (Do not include family or clergy)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Do you have any relatives who are employed by the organization to which this application is being submitted?

If yes, explain. Yes No _____

Residency Requirement

Hatley Area Fire and Ambulance District requires residency of at least 90 days within the boundary of the district or as indicated by the standards and operating guideline, section 1-2 (2), before membership can begin.

Residency requirements may be waived upon approval from the Chief.

This requirement should not deter any applicant interested in joining the department from applying to be considered.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability, or any other legally protected status.

GENERAL INSTRUCTIONS: Write or type an answer to every question. If the question does not apply to you, use N/A. If space available is insufficient, use a separate sheet and provide each answer with the number of the referred blank. DO NOT MISSTATE OR OMIT material fact, since the statements made herein are subject to verification to determine your qualifications for employment.

Applicant's full name (Last, First, middle)

Social Security Number:

1. RESIDENCES: List chronologically ALL of your past residences (include addresses while attending school if away from home and all military addresses including any off military base)

DATES		STREET ADDRESS	APT. NO.	CITY	STATE
From	To				

2. Have you ever been discharged asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position: ____ Yes ____ No. If yes, state circumstances:

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?

____ Yes ____ No

If yes, explain, giving name and address of employer, approximate date, and reason:

3. ARREST AND DETENTION

- A. Have you ever been arrested or detained by a law enforcement agency? ____ Yes ____ No
- B. Have you been involved in any criminal court action? ____ Yes ____ No

If the answer to either of the above questions is yes, list below the date, place, and full details of each incident:

Have you ever been convicted as an adult for any violations of the law? **(Including Traffic Violations)** Yes No
 Pursuant to Municipality policy, a criminal record will not be an automatic bar to employment and will only be considered as it relates to specific jobs.

If you checked yes, list all: **(Including ALL Traffic Violations)** Add another page if necessary.

Date and Place	Nature of Offense	Disposition

VEHICLE OPERATOR'S LICENSE(S) Give the following information concerning any vehicle operator's license (regular driver, commercial driver) you have held or now hold:

KIND OF LICENSE	PLACE OF ISSUE	DATE OF EXPIRATION	RESTRICTIONS

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ____ Yes ____ No
 Explain fully:

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?
 ____ Yes ____ No

If yes, give details, including reasons, names of companies, dates, etc.

3. AVAILABILITY FOR WORK

- A. Do you have any restrictions on availability for work ____ Yes ____ No

If yes, please describe:

CERTIFICATION STATEMENT (Please sign and date the following statement)

I certify that all answers to questions in this insert are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the City service.

 Date

 Signature