

ALUM CREEK VOLUNTEER FIRE DEPARTMENT ONLINE APPLICATION

Instructions for completing this application.

1. Type in all requested information or choose from the options given for every section.
2. There are required fields that must be completed to print the application.
3. After filling in all information, return to the first page and print the entire application.
4. Bring the application with you to our Central Station on Childress Rd. when you are ready on any Thursday evening after 6:00 PM and we will process it that evening. If you have made other arrangements through contacting us and we already have your application, you should still bring a completed application with you.
5. You may submit the application by email, but you must sign it at our station before we can process it.

Important notice:

You will be required to complete additional paperwork when we process your application.

Application for Membership

Revision 06.21.18



ALUM CREEK VOLUNTEER FIRE DEPT. INC.

P.O. BOX 748
ALUM CREEK, WV

25003
Phone: 304.756.2011

www.acvfd.org

Last Name:

First Name:

Middle Name:

Address:

City, State:

Zip/Postal Code:

S.S. Number:

Home Phone:

Membership Type:

Cell Phone:

Date of Birth:

WV Driver License #:

- | | | |
|-----|----|-------------------------------------------------------------------------------------------|
| YES | NO | Have you filled out an application with us before? |
| YES | NO | Have you ever been convicted of a Felony? |
| YES | NO | Have you ever been convicted of DUI or any other illegal substance? |
| YES | NO | Have you ever been convicted of crimes involving moral turpitude or disorderly conduct? |
| YES | NO | Do you have any previous experience with another department or organization? |
| YES | NO | Have you ever been denied employment due to drug testing policies/requirements/results? |
| YES | NO | Have you ever been dismissed from employment because of / or refused to take a drug test? |

If YES, please explain.

Highest Level of Education

Type of School	Name of School and City, State	No. Years Completed	Major or Degree

Do you have any Fire /Rescue training? YES NO

If yes, please explain

Do you have Medical training? First Responder E.M.T. Paramedic CPR/First aid

State of issue:

Certification Number:

Expiration Date:

Are you currently affiliated with an EMS provider? yes no

Employment History (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Full or Part time?

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Full or Part time?

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

3.

Name of Employer:
Name of last supervisor:

Dates of employment:
From: To:

Full or Part Time?

Complete Address:
Phone #:
Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Skills:
Typing:
Computer: PC Mac Both
Applications (list all that apply):
Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe yourself and your capabilities:

Emergency Contact Information - (Please list in priority)

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Relationship to You:	<input type="text"/>		

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Relationship to You:	<input type="text"/>		

Emergency Medical Conditions and Information

Are you Allergic to ANYTHING ? Please list if so.

Family Doctor Name: Phone Number:

Your Blood Type:

AUTHORIZATION TO CONDUCT BACKGROUND CHECK and VERIFY INFORMATION

I hereby authorize Alum Creek Volunteer Fire Department to make inquiries, either by written communication, by telephone, online, or in person to any present or former employer, creditor, credit bureau, government agency, educational institution, military establishment or any other persons or institutions knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, wages, performance levels, reliability, responsibility, honesty and any other measures of my character or personality.

In consideration for your developing such information, I specifically waive any confidential relationship of privacy position which may exist between us and completely release you from any responsibility or liability for damages which may occur as a result of the disclosure of this information.

I understand that I have the right to receive a copy of this authorization upon request. I agree that a photostatic, or any other copy, of this instrument bearing my signature shall be as legally valid as the original.

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

RULES AND REGULATIONS

1. All applications must be signed by a member of the fire department (sponsor).
2. There will be a six-month probationary period for all new members.
3. Turn-out gear will be furnished by the department. Uniforms and all other non-fire fighting equipment may be furnished for completion of certain training levels, some of which will be the responsibility of the applicant to furnish, if so desired.
4. Regular attendance at all meetings, drills and training is required. (Minimum 50 percent)
Failure to do so may result in membership status change or termination of membership.
5. The Chief of the Department will have the final decision on the applicant's membership status after the probationary period is completed.
6. All applicants must read and obey by all BY-LAWS and SOG'S of the department.
7. All members must agree to video and/or other electronic surveillance at any time, while on fire department property.

I have read and understand all sections of this application. I hereby give my consent to a check of my references, criminal history and medical history and/or records to the Alum Creek Volunteer Fire Department. A copy of this application will give the Alum Creek Volunteer Fire Department authorization for a release of all records to the fire department. I certify that all information and statements contained in this application are true to the best of my knowledge.

Applicant Signature

Date

Members (Sponsor) Signature

Date