



# Tooele City Fire Department

## Application for Membership as Volunteer Fire Fighter

This form is available in electronic format at [www.tooelefire.org](http://www.tooelefire.org)

Name (Last, First, Middle)		Date of Application
Address (Street, City, State, Zip) <i>Note: If you use a PO Box, please also list physical address to show Tooele City residency.</i>		E-mail
Home or Primary Telephone Number	Cell Phone	Work or Day-time Number

### STATEMENT OF INTEREST

Please explain why you want to become a member of the Tooele City Volunteer Fire Department.

### AVAILABILITY

Will your employer allow you to attend fires while on the job?  Yes  No  Not Sure  
(If yes, a letter of authorization from your employer will be required for all potential candidates.)

Present Employer & Address		Present Position/Title
Work Hours	Supervisor	Supervisor's Phone Number

Are You Available to Respond to Day Time Fires? (Explain any limitations)  Yes  No  Some

Are You Available to Respond to Evening or Night Time Fires? (Explain any limitations)  Yes  No  Some

### BACKGROUND

Criminal Information (Criminal convictions will not necessarily disqualify an individual from consideration. Please be aware that each selected applicant must successfully pass a comprehensive public safety background investigation which will include completing a comprehensive background questionnaire.)

In the last 10 years, have you been convicted of any crime, other than minor traffic offenses?  Yes  No  
*Note: Alcohol related offenses are not considered minor traffic must be disclosed.*  
If yes, give dates, charges, and penalty for each offense. Attach a separate sheet if necessary.

Driver's License (Driving record will not necessarily disqualify an individual from consideration; however, Tooele City standards for driver insurability may limit your ability to drive.)

Do you have a valid Utah Driver's License?  Yes  No

Have you ever had your driver's license revoked or suspended? If yes, please explain why.  Yes  No

Have you had any traffic-related violations or at-fault accidents within the past 5 years? If yes, please explain.  Yes  No

### Future Reporting

If in the future you are arrested for, involved in proceedings related to, or convicted of any criminal offense will you report it immediately (generally within 24 hours of offense) to the officers of this department?  Yes  No

## QUALIFICATIONS

Do you have any military service? If yes, list branch, date of entry, years of service, and type of discharge.  Yes  No

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Do you have any prior experience as a firefighter, either paid or volunteer? If yes, list department, dates, and reason for leaving.  Yes  No

\_\_\_\_\_

### Education/Certifications

Do you have a high school diploma or equivalent?  Yes  No

List any trade school, college education, certifications or specialized training. Attach a separate sheet if necessary.

\_\_\_\_\_

List any other interests, qualifications, training, experience, skills, or attributes you feel may contribute to your success as a fire fighter.

\_\_\_\_\_

\_\_\_\_\_

List any other volunteer or civic organizations you belong to that would relate to your ability to perform the duties of a volunteer firefighter.

\_\_\_\_\_

\_\_\_\_\_

To help us determine your commitment to volunteer services, please provide an estimate of the number of hours you have donated to any civic, charitable, or non-profit cause during the past two years. \_\_\_\_\_

## CERTIFICATION OF APPLICANT & AUTHORIZATION TO VERIFY INFORMATION

- I certify that the information contained in this application and in any other documents supplied by me in connection with this application is correct and complete to the best of my knowledge and belief. I have not withheld anything that would, if disclosed, affect the application unfavorably. I understand that misrepresentation, falsification, or omission of information may be sufficient cause for the rejection of this application and/or dismissal from the volunteer position.
- I give Tooele City Corporation, the Tooele City Fire Department, or any of agents thereof, the right to verify any and all information on this application for accuracy. I grant permission to Tooele City Corporation to conduct a background investigation as deemed necessary for the volunteer services I will be performing. I further release all references, previous employers, and schools from damages resulting from furnishing such information.
- I understand and agree that Tooele City Corporation and the Tooele City Fire Department reserves the right to modify by-laws, guidelines, policies, procedures, or any other operational guidelines as necessary and at their sole discretion. There is no contract between us.

Applicant's Signature

Date Signed

## REFERENCES

In order for your application to be considered, provide two references that are First Class Firefighters from this or any other fire department.

Name

Fire Department

Phone Number(s)

Name

Fire Department

Phone Number(s)

## DEPARTMENT SPONSOR

In order for your application to be considered, you must have one current **Tooele City Volunteer Firefighter** review your application and sign as a sponsor. Our sponsors do more than just sign your application. If selected, your sponsor will help ensure your success as you train for a demanding yet rewarding volunteer commitment! A current volunteer roster is available on the website. If you are new to our community or don't know a qualifying volunteer, we still want to hear from you. Please contact our department to find out how you can get involved.

Name of Tooele City Fire Department Sponsor

Signature Date

**FOR DEPARTMENT USE ONLY – Considered On:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_