

NORTH LIBERTY FIRE DEPARTMENT

P.O. Box 77, North Liberty, IA 52317

Phone: 319-626-5717

www.nlfire.org

Attention Membership Committee:

Attached is my application for membership with the North Liberty Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration for membership.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least eighteen years of age, a legal resident of the United States, and hold a current Iowa driver's license.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the North Liberty Fire Department. I also consent to the interview of any references provided herein, and to any employee criminal background screening. I understand that I must pass a medical examination and be cleared for duty prior to membership with the North Liberty Fire Department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from the North Liberty Fire Department without recourse.

By signing my name to this letter, I agree to abide by the administrative policies and the operational guidelines of the North Liberty Fire Department and the City of North Liberty. I will be required to complete all required training, and will attend the monthly meetings, calls for service, and department functions as often as possible. I further agree to obey all lawful orders from the officers and command staff of the North Liberty Fire Department. I also understand that if elected to membership, I shall be recognized as a Probationary Firefighter (PFF) for a period of (1) one year from my start date. I understand that I must pass a six month and a year vote to successfully complete the probationary period before I can become a fully vested member of the department. I understand that I will be required to obtain the Iowa Firefighter I certification by the end of my first year with the department; obtain the Iowa Firefighter II certification by the end of the second year with the department; and, obtain the Iowa EMT certification within two (2) semesters following the completion of the FFII certification or within 30 total months from member's start date, whichever comes first.

Unless specified differently, the equipment issued to me shall remain the property of the North Liberty Fire Department. Upon retirement, resignation or termination, I will return all issued equipment to the North Liberty Fire Department in good working condition. At the discretion of the North Liberty Fire Department, I will be responsible for any equipment that is returned damaged or missing.

Applicant's Signature

Date of Application



North Liberty Fire Department

Application for Membership

Please print all information clearly

Personal Information					
Last Name:	First Name:	MI:	US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Physical Address:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Email address:			Driver License State & Number:		
Home Phone:	Work Phone:	Other Phone:		Driver License Class:	
Are you 18 years of age or older?	Place of Birth:		Social Security No:		
Military Service & Employment History					
Military Service:					
Branch:		From:		To:	
Type of discharge:					
Present Employer:					
Work Address:				Position Held:	
City:		State:	Zip:		How long with present employer: years months
Work Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Evenings <input type="checkbox"/> Shift Worker			Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other		
If less than three (3) years with present employer, list previous employer(s). Most recent first.					
Employer Name:	Address:		Phone:		Reason for Leaving:
Employer Name:	Address:		Phone:		Reason for Leaving:
Employer Name:	Address:		Phone:		Reason for Leaving:
Employer Name:	Address:		Phone:		Reason for Leaving:



North Liberty Fire Department

Application for Membership

Background Information * (See Page 6)				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following information.				
Offence Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and reason:				
Offence Charged	City / County	State	Date	Disposition of Case
List all traffic citations you have received in the last five (5) years (excluding parking tickets).				
Offence Charged	City / County	State	Date	
List any accidents within the last five (5) years; give approximate date and locations:				
Location	Date	At Fault		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Education				
College/Institution Name	State	Date of attendance From To	Did you graduate?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from high school, did you attain a GED?			<input type="checkbox"/> Yes <input type="checkbox"/> No	



North Liberty Fire Department

Application for Membership

Firefighting / EMS Experience & Training			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:			
Department Name	Address	From	To
Are you a certified Iowa Firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?
Are you a certified Iowa Fire or EMS Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Level:	Date received?
Are you certified in Iowa Hazardous Materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Level:	Date received?
Are you a certified Iowa First Responder, EMT, Paramedic or Paramedic Specialist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Level:	Date received?
Are you certified in CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Level:	Date received?
References			
Have you ever applied for membership with the North Liberty Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of another fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List three (3) professional references, no friends or relatives please:			
Name	Email Address	Phone	Relationship
Emergency Contact Information			
Name	Address	Phone	Relationship
Why do you want to become a member of the North Liberty Fire Department?			



North Liberty Fire Department

Application for Membership

Medical Information

Do you have any physical disabilities, mental disabilities or chronic diseases that would affect your ability to perform the essential functions of firefighting duties? Yes No

If yes, explain:

Statement of Veracity

Review your answers carefully and read the statement below before signing

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understand the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.

I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the North Liberty Fire Department.

Applicant's Signature

Date signed



North Liberty Fire Department

Application for Membership

Background Check Authorization

I hereby consent and authorize the North Liberty Fire Department, its affiliates, and its agents, Background Screening Consultants, LLC *doing business as* SafeScreener.com, to secure information pertaining to my character and background. I understand that the information supplied by me can be utilized in conducting a comprehensive background investigation. An investigative consumer report may be prepared concerning my character, general reputation, personal characteristics and mode of living. This investigation may include, but will not be limited to; criminal record search, social security number verification, employment verification, consumer credit history, motor vehicle driving record history, past employment, educational and professional reference verifications, national security watch list database research, as well as the confirmation of any information supplied by me on this or any other North Liberty Fire Department application form. I release from liability any and all persons, companies, and corporations that supply information regarding my history as a result of this investigation. I understand that any information discovered is done so through human intelligence sources, electronic databases and on-site public record research. I further release and indemnify North Liberty Fire Department, its affiliates, and its agents, Background Screening Consultants LLC against any liability that may result from conducting this investigation.

Printed Full name; Last, First, Middle Name

SSN

Street Address, City, State, Zip Code

Date of Birth (mm/dd/yyyy)

DL State of Issuance

Driver's License Number

Signature of Applicant

(Do not report minor traffic violations or exclusions pertaining to the following states.)

California: Applicants should not disclose marijuana convictions older than (2) two years for quantities of 28.5 grams or less (other than concentrated cannabis) per California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550. Applicants should not disclose convictions that have been sealed, expunged, or statutorily eradicated or any misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. Applicants should not disclose information regarding arrests or detentions for which a diversion program has been successfully completed. Cal. Code Regs., tit. 2, § 7287-.4. Applicants shall not disclose records of arrest, indictment, information, misdemeanor complaint, or conviction of a crime that, from the date of disposition, release, or parole, antedate the report by more than (7) seven years. Further, these items shall not be reported if in the case of a conviction a full pardon has been granted, or in the case of an arrest, indictment, information, or misdemeanor complaint a conviction did not result. Cal. Civ. Code §1785.13.6. Cont.

Georgia: Applicants are not required to disclose information pertaining to any "first offender discharge." Ga. Code Ann. § 42-8-63.

Illinois: Applicants are not obligated to disclose sealed or expunged records of conviction or arrests. 20 Ill. Comp. Stat. §2630/12(a)

Minnesota: Applicants should be aware that petty misdemeanors are not considered a crime and cannot be reported as a criminal conviction.



North Liberty Fire Department

Application for Membership

Pre-Registration EMT Agreement

The North Liberty Fire Department will provide funds for members to complete the required EMT course from a designated teaching organization.

Funding is provided for the following items:

- Course registration fees
- Required classroom materials including textbooks
- Testing and examination fees
- Vaccination and medical testing fees

After graduation, members are responsible for maintaining their certification.

If a member loses certification due to negligence they must re-certify at their own expense.

Members will be required to reimburse the North Liberty Fire Department the total cost of the course and related fees incurred for any of these reasons:

- Failure to pass the course
- Failure to maintain certification for 2 years from date of issue
- Loss of membership status with the North Liberty Fire Department

The applicant signing below is applying for future enrollment in an EMT course and agrees to the funding arrangement described above.

Print: _____ Sign: _____
Applicant Date

EMS Captain or Fire Chief Date