

NORTH LIBERTY FIRE DEPARTMENT

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

Phone: 319-626-5717

Attention Interview 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 to receive consideration for membership.

I certify that I have carefully completed this application, and I 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 for membership; a legal resident of the United States, a resident of the City of North Liberty, Madison Township or Penn Township; and hold a valid 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 background investigation needed by any law enforcement agency. I understand that I must pass a medical examination, and a drug screening starting with the North Liberty Fire Department. I understand that I am also subject to random drug screening during my membership with the 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 by-laws, administrative policies and the operational guidelines of the North Liberty Fire Department. I will maintain a quarterly call average of 15%, complete all required training, and will attend the monthly meetings 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 on probation for a period of (1) one year. I understand that I shall pass a six month and a year vote to successfully complete the probation period before I can become a full member of the department.

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 back to the North Liberty Fire Department in good working condition. At the discretion of the North Liberty Fire Department, I can 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:			Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
City:	State:	Zip:			
Email address:			Driver License No: IA		
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:	
Present Employer:			If in military list type of discharge:		
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

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Background Information * (See Page 6)

Have you ever been convicted of a crime? (Except traffic violations)
 Yes No If yes, give the following information.

Conviction	City / County	State	Date	Disposition of Case

Traffic Record

Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offence Charged	City / County	State	Date	Disposition of Case

List all traffic convictions you have received in the last three (3) years. (excluding parking tickets)

Offence Charged	City / County	State	Date

List any accidents within the last three (3) 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 Until	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? Yes No



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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	Until
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-B, 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) references, other than relatives:			
Name	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

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Medical Information	
Do you have any physical disabilities, mental disabilities or chronic diseases that would that would affect your ability to perform essential functions of firefighting activities? <input type="checkbox"/> Yes <input type="checkbox"/> 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 understood 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

For Department Use Only					
Date Received Application:	Date Contacted for Interview:	Date of Interview:	Check #1	Check #2	Check #3
Approved by Interview Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Approved by Fire Chief: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Membership Start Date: Date: <input type="checkbox"/> NA	Completion of 6 th Month Vote: Date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Completion of 1 Year Vote: Date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			



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; a criminal record search, a social security number verification, an employment consumer credit history, a motor vehicle driving record history, past employment, educational and professional reference verifications, national security watch list database research, drug screening, 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.

Signature of Applicant

Date

Date of Birth

<p>(Do not report minor traffic violations or exclusions pertaining to the following states.)</p> <p>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.</p> <p>Georgia: Applicants are not required to disclose information pertaining to any “first offender discharge.” Ga. Code Ann. § 42-8-63.</p> <p>Illinois: Applicants are not obligated to disclose sealed or expunged records of conviction or arrests. 20 Ill. Comp. Stat. §2630/12(a)</p> <p>Minnesota: Applicants should be aware that petty misdemeanors are not considered a crime and cannot be reported as a criminal conviction.</p>
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