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**APPLICATION FOR MEMBERSHIP**

**Sheldon Fire Company, Sheldon Community Ambulance Team (SCAT), Sheldon Emergency Management Agency (EMA)**

**Please, circle the agency you’re applying for:**

**Fire SCAT EMA**

**GENERAL INFORMATION**

Last Name: First Name: Middle Initial:

Address: DOB:

City, State, Zip Code:

Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any military service assignments or volunteer activities.

**Employer**: Dates Employed:

Address:

Telephone Number:

Job Title:

Work Performed:

Reason for Leaving:

**Employer**: Dates Employed:

Address:

Telephone Number:

Job Title:

Work Performed:

Reason for Leaving:

**EDUCATION**

**High School**

Name: Years Completed:

Address: Diploma:

**College**

Name: Years Completed:

Address: Degree(s):

Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

List any training you have received in First Aid, CPR, firefighter or other related training:

1. Date Completed:

2. Date Completed:

3. Date Completed:

**Other Qualifications:**

Summarize any other skills or experiences, which may be of value to our team.

**REFERENCES:**

List three references that are not related to you and are not previous supervisors.

 1) Name & Address: Telephone Number: Years Known:

 2) Name & Address:

 Telephone Number: Years Known:

 3) Name & Address:

 Telephone Number: Years Known:

Do you agree to take a post-offer assessment as required? **Yes No**

Do you consent to a driver’s license check to verify your driving record? **Yes No**

Are you now or has an automobile insurance company rated you in the past as a sub-standard risk? **Yes No**

If yes, explain

Have you ever been convicted of a crime in this state or any other state? **Yes No**

If yes, explain

Do you agree, that in addition to your duty time, you will attend regular meetings, drills, and training sessions required to properly maintain an efficient service? **Yes No**

**If applying for SCAT, please complete the following:**

Do you agree to complete the EMT-B course within a year of this application? **Yes No**

Applicant consent:

**I hereby agree to abide by SCAT’s constitution, by-laws, and rules, and to adhere to the city, county, state, and**

**federal laws and ordinances, which govern the operation of this ambulance service. The information provided is**

**true to the best of my knowledge.**

**I acknowledge that I have made application for membership to the Sheldon Community Ambulance Team (SCAT). I hereby consent to have the City of Sheldon request a transcript of my driving record from the Iowa Department of Transportation. I consent to have the transcript of my driving record attached to my application for determination of membership by the City of Sheldon. ATTACHED IS A COPY OF MY CURRENT DRIVER’S LICENSE.**

Applicant Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCAT Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applying for the Sheldon Fire Co., please complete the following:**

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Disabilities or limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Services History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Consent:

**I realize that the Sheldon Fire Company is not a social club and that as a member I will be required to give freely of**

**my time and talents. It is required to attend all emergency calls, meetings, trainings, and classes possible. I agree to**

**attend and pass all of the required training as soon as possible. I also agree to a physical exam prior to service and during my tenure. I understand that the Sheldon Fire Company/City of Sheldon will run a background check and**

**driving record prior to my service.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Consent:

**I realize that if my spouse is accepted for membership to the Sheldon Fire Company, they will be giving part of their**

**time to public services. I understand that if my spouse accepts to membership, I am automatically part of the**

**Auxillary and agree to attend meeting and functions of said Auxillary.**

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Consent:

**I do hereby signify that this application is made with knowledge and consent. I realize that my employee will**

**possibly be late for or leave early from work due to the need of public service.**

Employers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement to Reimburse the City of Sheldon for expenses:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as applicant to the Sheldon Fire Company, does hereby agree to pay back the City of**

**Sheldon for the costs of the physical assessment as follows.**

1. **Leave within one year of joining.**
2. **Doesn’t get voted on the Sheldon Fire Company at the end of the probationary period.**
3. **If removed from the Sheldon Fire Company for violation of the by-laws of the department.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (students): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Chief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applying for Sheldon EMA, please complete the following:**

Applicant Consent:

**I understand that if this application is approved, I will become a member of the Sheldon Emergency Management**

**Agency. I agree to abide by the rules and regulations governing the operation and activities of the Agency as set out**

**by the Sheldon City Council and the Sheldon Emergency Management Agency. I understand that I am subject to rules**

**and regulations governing this program.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_