

Union Fire District of S.K.

Station # _____

JUNIOR APPLICATION

I, _____

Date of Birth: _____ Driver's License: _____

Social Security: ____ -- ____ -- ____ Phone: _____ Cell: _____

Home address: _____
Street Town State Zip

Do hereby release the Union Fire District and/or the South Kingstown Police Department and its officers, agents, employees from any liability resulting from an investigative background check for the position as volunteer with the Union Fire District.

And further, I _____ do hereby release all manner of claims and demands, both in law and equity, more especially any and all claims relating to the background investigation conducted by the Union Fire District for the position with the Union Fire District.

In witness whereof, the said _____ has caused these presents to be signed, acknowledged and delivered in his/her name on this _____ day of _____.

By: _____
Signature

Parent or Guardian signature: _____

Station applying to: _____

Notary:

State of Rhode Island County of _____

In _____, in the said County on the _____ day of

_____, 20__ before me personally appeared _____ each and all to me known, and known by me to be the party executing the foregoing instrument and he/she acknowledged said instrument to be his/her free act and deed.

Notary: _____

Commission expires: _____

SKPD approved _____ denied _____ by: _____

UNION FIRE DISTRICT
131 ASA POND RD
WAKEFIELD, RI 02879
www.unionfiredistrict.com

APPLICATION FOR PROBATIONARY FIREFIGHTER

Name: _____ Date: _____ Station: _____

Home Address: _____

Phone Number: _____ E-Mail: _____

Age: _____

Emergency Notification

Name: _____ Phone (day): _____ Phone(evening): _____

Address: _____

Relationship: _____

Please note, the fire department enters many homes, businesses, and occupancies during times of crisis. The public places great trust in the integrity of the fire department. It is possible during your membership or application period a background check may be initiated to validate your responses on the next page. Your signature here indicates your understanding of this and gives the Chief of the Department the permission to conduct a background check.

Signature: _____ Date: _____

If under 18 Parent or Guardian must sign below:

Signature: _____ Date: _____

Driver's License Number and State: _____

Driver's License Class and Expiration Date: _____

Background Investigation:

Have you ever had your Driver's License revoked or suspended? Yes No

Have you ever convicted of a crime? Yes No

(If yes, please attach letter outlining the circumstances and outcome)

Criminal convictions will not necessarily disqualify an applicant. Any impact will depend on circumstances.

Educational background:

High School/Tech School: _____

College/Vocational School: _____

Post Graduate: _____

Previous Firefighting Experience:

Fire Company: _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone #: _____

Fire Company: _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone #: _____

Have you worked on a HAZMAT team? Yes No

Total years involved in Firefighting: _____

Fire Schools/Training (Firefighters/Rescue, EMS, etc. – please include certificates, certifications and contact names for verification)

1. _____
2. _____
3. _____
4. _____
5. _____
7. _____

Due to the nature of Firefighting you will be placing yourself in situations that are uncommon to the general public. You will be trained and be required to use respirators in Escape, Emergency Rescue, and situations determined by incident. You will be wearing protective clothing and/or equipment (other than the respirator) while you are using the respirator. You will be working under hot conditions (temperatures above 77 Degrees F). You will be working in humid conditions. You will be working in hazardous conditions such as confined spaces involving life threatening toxins and smoke.

Please read and initial here: _____

(Do Not Write Below this Line)

Date reviewed by Chief: _____

Date forwarded to the Station: _____

Accepted: Yes No Main office notified: Yes Date: _____

Personnel paperwork complete: Yes No