

Tooele City Fire Department

Application for Membership as Volunteer Fire Fighter

	This form is available in electronic format at <u>www.tooelefire.</u> org			
Name (Last, First, Middle)		Date of Application		
Address (Street, City, State, Zip) Note: If you use a PO	Box, please also list physical address to show Tooele City residency.	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 membe	r of the Tooele City Volunteer Fire Department.			
	AVAILABILITY			
Will your employer allow you to attend fires whil (<i>If yes, a letter of authorization from your employ</i>	5	\Box Yes \Box No \Box Not Sure		
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)	\Box Yes \Box No \Box Some		
Are You Available to Respond to Evening or Nig	ht Time Fires? (Explain any limitations)	□ Yes □ No □ Some		
	BACKGROUND			
	ot necessarily disqualify an individual from conside public safety background investigation which will i			
In the last 10 years, have you been conv Note: Alcohol related offenses are not c If yes, give dates, charges, and penalty f	ed.			
Driver's License (Driving record will not necessa insurability may limit your ability to drive.)	rily disqualify an individual from consideration; ho	wever, Tooele City standards for driver		
Do you have a valid Utah Driver's Lice	nse?	\Box Yes \Box No		
Have you ever had your driver's license	revoked or suspended? If yes, please explain why.	\Box Yes \Box No		
Have you had any traffic-related violation	ons or at-fault accidents within the past 5 years? If	ves, please explain. \Box Yes \Box No		
Future Reporting				
-	olved in proceedings related to, or convicted of any only within 24 hours of offense) to the officers of this			

Form Revised May 2010

	QUALIFICATIONS			
Do you have any military service? If yes, list branch, da	ate of entry, years of service, an	d type of discharge.	□ Yes	□ No
Do you have any prior experience as a firefighter, either	paid or volunteer? If yes, list c	lepartment, dates, and reason for leaving.	□ Yes	□ No
Education/Certifications				
Do you have a high school diploma or equival	lent?		□ Yes	🗆 No
List any trade school, college education, certif	fications or specialized training.	Attach a separate sheet if necessary.		
List any other interests, qualifications, training, experier	nce, skills, or attributes you feel	may contribute to your success as a fire f	fighter.	
List any other volunteer or civic organizations you below	ng to that would relate to your a	bility to perform the duties of a volunteer	firefighter.	
To help us determine your commitment to volunteer ser charitable, or non-profit cause during the past two years			ed to any civ	vic,
 I certify that the information contained in this appliand complete to the best of my knowledge and beliunderstand that misrepresentation, falsification, or dismissal from the volunteer position. I give Tooele City Corporation, the Tooele City Fin application for accuracy. I grant permission to Too volunteer services I will be performing. I further resuch information. 	ication and in any other docume ief. I have not withheld anything omission of information may be re Department, or any of agents bele City Corporation to conduc	ents supplied by me in connection with this g that would, if disclosed, affect the applie e sufficient cause for the rejection of this thereof, the right to verify any and all inf t a background investigation as deemed n	cation unfav application formation of eccessary for	vorably. I and/or n this r the
 I understand and agree that Tooele City Corporatio policies, procedures, or any other operational guide 				nes,
Applicant's Signature		Date Signed		
	REFERENCES			
In order for your application to be considered, provide t	wo references that are First Clas	ss Firefighters from this or any other fire	department.	
Name	Fire Department	Phone Number(s)		
Name	Fire Department	Phone Number(s)		
	DEPARTMENT SPON	SOR		
In order for your application to be considered, you must sponsor. Our sponsors do more than just sign your appl rewarding volunteer commitment! A current volunteer volunteer, we still want to hear from you. Please contact	t have one current Tooele City V lication. If selected, your sponso roster is available on the websit	Volunteer Firefighter review your applic or will help ensure your success as you tra- e. If you are new to our community or do	ain for a dei	manding y
Name of Tooele City Fire Department Sponsor	Signature	Date		
FOR DEPARTMENT USE ONLY – C	onsidered On:	,,,,	,	