



Tooele City Fire Department

Application for Membership as a Volunteer Firefighter

This form is available in electronic format at www.tooelefire.org

Name (Last, First, Middle):		Date of Application:
Address (Street, City, State, and Zip): <i>Note: If you use a P.O. Box, please also list physical address to show Tooele City residency.</i>		E-mail:
Home or Primary Telephone Number:	Cell Phone:	Work or Daytime Number:

STATEMENT OF INTEREST

Please explain why you want to become a member of the Tooele City Volunteer Fire Department.

AVAILABILITY

Will your employer allow you to attend fires while on the job? Yes No Not Sure
(If yes, a letter of authorization from your employer will be required for all potential candidates.)

Present Employer & Address:	Present Position/Title:	
Work Hours:	Supervisor:	Supervisor's Phone Number:

Are You Available to Respond to Daytime Fires? (Explain any limitations) Yes No Some

Are You Available to Respond to Evening or Night-time Fires? (Explain any limitations) Yes No Some

BACKGROUND

Driver's License (Driving record will not necessarily disqualify an individual from consideration; however, Tooele City standards for driver insurability may limit your ability to drive emergency apparatus.)

Do you have a valid Utah Driver's License? Yes No

Have you ever had your driver's license revoked or suspended? If yes, please explain why. Yes No

Have you had any traffic-related violations or at-fault accidents within the past 5 years? If yes, please explain. Yes No

Future Reporting

If in the future you are arrested for, involved in proceedings related to, or convicted of any criminal offense will you report it immediately (generally within 24 hours of offense) to the officers of this department? Yes No

QUALIFICATIONS

Do you have any military service? If yes, list branch, date of entry, years of service, and type of discharge. Yes No

Do you have any prior experience as a firefighter, either paid or volunteer? If yes, list department, dates, and reason for leaving. Yes No

Education/Certifications

Do you have a high school diploma or equivalent? Yes No

List any trade school, college education, certifications, or specialized training. Attach a separate sheet if necessary.

List any other interests, qualifications, training, experience, skills, or attributes you feel may contribute to your success as a firefighter.

List any other volunteer or civic organizations you belong to that would relate to your ability to perform the duties of a volunteer firefighter.

To help us determine your commitment to volunteer services, please provide an estimate of the number of hours you have donated to any civic, charitable, or non-profit cause during the past two years. _____

HEALTH & SAFETY

****Applicant must be able to pass a Fit-for-Duty Medical Exam as well as a SCBA Mask Fit Test upon appointment****

CERTIFICATION OF APPLICANT & AUTHORIZATION TO VERIFY INFORMATION

- I certify that the information contained in this application and in any other documents supplied by me in connection with this application is correct and complete to the best of my knowledge and belief. I have not withheld anything that would, if disclosed, affect the application unfavorably. I understand that misrepresentation, falsification, or omission of information may be sufficient cause for the rejection of this application and/or dismissal from the volunteer position.
- I give Tooele City Corporation, the Tooele City Fire Department, or any of agents thereof, the right to verify any and all information on this application for accuracy. I grant permission to Tooele City Corporation to conduct a background investigation as deemed necessary for the volunteer services I will be performing. I further release all references, previous employers, and schools from damages resulting from furnishing such information.
- I understand and agree that Tooele City Corporation and the Tooele City Fire Department reserves the right to modify by-laws, guidelines, policies, procedures, or any other operational guidelines as necessary and at their sole discretion. There is no contract between us.

Applicant's Signature: _____

Date Signed: _____

REFERENCES

In order for your application to be considered, provide two references that are First Class Firefighters from this or any other fire department.

Name: _____

Fire Department: _____

Phone Number(s): _____

Name: _____

Fire Department: _____

Phone Number(s): _____

**Return completed application to:
Tooele City Fire Department
90 North Main Street
Tooele, Utah 84074**