

SEWARD VOLUNTEER FIRE DEPARTMENT

WELCOME

Thank you for your interest in becoming a member of the Seward Volunteer Fire Department. **Applicants are considered for membership bi-annually (January and June).** Our success comes from the knowledge and skills of each Seward Fire member, working together to help keep the city of Seward and its residents safe from fire and emergency situations.

The process of becoming a member of the Seward Fire Department is quite simple. Fill out the application in its entirety along with a copy of your driver's license. Please include all names, telephone numbers and addresses. You must possess a valid Nebraska driver's license, if you do not currently have one, before the end of your 12 month probation.

A copy of the Seward Fire Department by-laws will be attached with the application. These must be read in their entirety before membership is voted on. You will be given time to come to the station to introduce yourself to other Seward Fire Department members and become familiar with the station and its staff. Two current members must sign your application before membership is voted on. You may attain these signatures during meeting or training nights. Meetings are once a month on the first Wednesday of the new month. Trainings take place every third Wednesday of each new month. You will be contacted by the Secretary of the Department to arrange an interview time with the Board of Control.

On behalf of Seward Volunteer Fire Department and its members we look forward to having you as a member of our fire department.

Once you have completed the application, and signed all forms, please return this application into Seward City Hall.

Thank you.

SEWARD VOLUNTEER FIRE DEPARTMENT

Application for Membership

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Sex: Male Female

City: _____ State: _____ Zip: _____

Email: _____ Valid Nebraska Drivers License #: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Age: _____ DOB: _____ U.S. Citizen: Yes No

MILITARY SERVICE

Branch: _____ Years in Service: _____ Are You Still Actively Serving: Yes No

EMPLOYMENT HISTORY

Present Employer: _____ Position Held: _____

Work Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Work Schedule

Shift Length

Straight Days Straight Nights 8 hour 10 hour 12 hour Other: _____

Straight Evening Shift Work

Will your employer allow you to leave work, or be late for work, due to a fire or rescue call? Yes No

May we contact your employer? Yes No

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BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No :

Have you ever been convicted of a crime (Except Traffic Violation): Yes No

Comments: _____

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? Yes No

If Yes, give date, location & reason:

Offense Charged: _____ City/County: _____ State: _____ Date: _____

Comment: _____

List all traffic citations you have received in the last five years: (Excluding Parking Tickets)

Offense Charged: _____ City/County: _____ State: _____ Date: _____

Comments: _____

List any accidents within the last (3) years: (Excluding Parking Tickets)

Location: _____ Date: _____ At Fault: Yes No

EDUCATION

High School: _____ State: _____ Date of Attendance: _____

Did you graduate: Yes No

If you did not graduate high school, did you attain a GED? Yes No

College: _____ State: _____ Date of Attendance: _____

Degree: _____

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FIREFIGHTING EXPERIENCE & TRAINING

Have you previously been a member of a fire department? Yes No Dates Served: _____

If Yes, List Department: _____

Address: _____ Last Ranking Position Held: _____

Are you a certified Firefighter? Yes No Level: _____ Date Received: _____

Are you a certified EMT? Yes No Level: _____ Date Received: _____

Have you attended any fire training: Yes No Attach copies of certificates you have received

Have you had any first aid training: Yes No Attach copies of certificates you have received

Please circle one below

I will be able to respond to: All Calls Day Calls Only Night Calls Only

REFERENCES

Have you ever applied for membership with Seward Volunteer Fire Department? Yes No

Are you a member of another Fire Department? Yes No

List members of Seward Volunteer Fire Department with whom you are acquainted:

Do you have any physical, mental or medical impairment or disability that would impair or limit your duties as a Fireman or EMT? Yes No

AGREEMENT

I, _____, hereby make application for membership in the Seward Volunteer Fire Department. I have read and understand the constitution and by-laws of the department, and agree to perform all duties and accept the responsibilities as outlined above. Particularly, I have read and understand Section 9, 10, 11 and 12 of Article 3 of the constitution and by-laws relating to controlled substances as defined by Section 28-401 and suspension procedures. I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in suspension or termination.

Signature: _____ Date: _____

This Application is co-signed by the following two active members of the Seward Volunteer Fire Department.

(1) _____

(2) _____