

# Application for Membership

On the

# **Pima Volunteer Fire Department**

# Vision Statement

## Of the Pima Volunteer Fire Department

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The objective of the Pima Volunteer Fire Department is to render outstanding fire protection and emergency medical services to the citizens of the Town of Pima and the Pima Rural Fire District. Furthermore we will demonstrate our dedication to uphold the traditions, honor, and service the founding members of this department established in 1937.

Dear Applicant:

Welcome to Pima Volunteer Fire Department. Prior to completing the application for membership, please understand that we are serious about creating a productive working environment for our members and maintaining the highest levels of department moral, safety, & quality fire & emergency medical services.

**We want you to understand that we also believe in living our values, some of which are:**

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- **We believe that good enough isn't good enough.**
- **We believe in treating each other and the citizens of our community in a professional and respectful manner.**
- **We believe in honesty and integrity and dependability.**
- **We believe that only a happy and professional member can give the level of personal service we demand.**
- **We believe in continual training & professional development of our members and see it as a worthy investment in the future of the fire department.**
- **We believe in providing outstanding service to our community that was established by the founding members of this department.**
- **We believe that everyone is capable of being an A+ team player and expect nothing less.**

*If this feels like an environment for you, please complete the application.*

# *Pima Volunteer Fire Department - Application for Membership*

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for. \_\_\_\_\_ Date \_\_\_\_\_

How did you find out about the department € Member € Walk-in € Relative € Other \_\_\_\_\_

Why are you seeking membership at this time? \_\_\_\_\_

## **Applicant Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If elected, do you have a reliable means of transportation to get to the station? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Do you possess a valid Arizona Driver's license? (if no please explain) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship required if elected.)

Have you been convicted of a crime?  Yes  No If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to membership.)

\_\_\_\_\_  
\_\_\_\_\_

## **Membership Information**

Are you seeking a position on the Fire Department, EMS Reserve position or both? \_\_\_\_\_

What days & hours are you available to respond to calls? \_\_\_\_\_

List times you are not available to respond? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Have you ever discussed with your employer your decision to be a volunteer fire-fighter?  
\_\_\_\_\_ If yes, would they excuse you to respond to calls during work hours? \_\_\_\_\_

Have you ever been a member of the Pima Fire Dept. before? \_\_\_\_\_ if yes dates: \_\_\_\_\_

List any friends or relatives that are current or former members: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position at your employment? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any certifications, certificates of completion, training, technical skills or training that may benefit the department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The essential job functions of a firefighter for the Pima Volunteer Fire Department include but are not limited to the following: Climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or in environments of temperature extremes, elevated levels of stress and elevated heights.

Are you able to perform the following tasks without reasonable accommodation? YES € NO € **If no**, please describe which tasks you will need accommodation to perform, and explain what type of accommodation you will need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Prior History

Have you ever been or are currently involved with another volunteer fire department, ambulance or rescue organization?  
\_\_\_\_\_ If yes, please complete the following:

Name of Organization: \_\_\_\_\_  
Address \_\_\_\_\_  
Position(s) held: \_\_\_\_\_  
Contact Name & Phone Number: \_\_\_\_\_

Please list any skills, special training, certifications, certificates of completion, etc....

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

## Education Information

Elementary: 1 2 3 4 5 6 7 8    Secondary: 9 10 11 12 G.E.D. Name of School: _____ Name of School: _____ Location of School: _____ Location of School: _____ If in high school, are you enrolled in a recognized co-op program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify program and school: _____	College: 1 2 3 4 5 6 7 8 Name of School: _____ Location of School: _____ Degree & Major: _____ Minor: _____
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# Authorizations & At-Will Membership Agreement

(Please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for membership and may be justification for my dismissal from the department if discovered at a later date. I agree to immediately notify the Pima Fire Department if I should be convicted of a crime while my membership application is pending or during my membership, if elected.

I authorize the Pima Volunteer Fire Department to make an investigation of all information contained in this membership application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of membership or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to Pima Volunteer Fire Department and do hereby release my current and former employers from liability for providing information to this Pima Volunteer Fire Department.

Upon resignation or termination of my membership on the Pima Volunteer Fire Department for whatever reason, I release the department from all liability for supplying any information concerning my membership to any potential employer.

I authorize the Pima Volunteer Fire Department, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my membership or if elected to the Pima Volunteer Fire Department at any time thereafter. If requested, I will take a post-membership physical examination for my membership, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## AT-WILL MEMBERSHIP AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create a membership contract between the Pima Volunteer Fire Department and me. In addition, I understand and agree that if elected, in consideration of my membership, my membership and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the Town of Pima is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_