



### APPLICATION FOR MEMBERSHIP

Sheldon Fire Company, Sheldon Community Ambulance Team (SCAT), Sheldon Emergency Management Agency (EMA)

Please, circle the agency you're applying for:

Fire

SCAT

EMA

#### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

#### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any military service assignments or volunteer activities.

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#### EDUCATION

##### **High School**

Name: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Diploma: \_\_\_\_\_

##### **College**

Name: \_\_\_\_\_

Years Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Course of Study: \_\_\_\_\_

### ADDITIONAL INFORMATION

List any training you have received in First Aid, CPR, firefighter or other related training:

|          |                       |
|----------|-----------------------|
| 1. _____ | Date Completed: _____ |
| 2. _____ | Date Completed: _____ |
| 3. _____ | Date Completed: _____ |

### Other Qualifications:

Summarize any other skills or experiences, which may be of value to our team.

### REFERENCES:

List three references that are not related to you and are not previous supervisors.

|                          |                    |
|--------------------------|--------------------|
| 1) Name & Address: _____ | Years Known: _____ |
| Telephone Number: _____  |                    |
| 2) Name & Address: _____ | Years Known: _____ |
| Telephone Number: _____  |                    |
| 3) Name & Address: _____ | Years Known: _____ |
| Telephone Number: _____  |                    |

Do you agree to take a post-offer assessment as required?      **Yes**      **No**  
Do you consent to a driver's license check to verify your driving record?      **Yes**      **No**  
Are you now or has an automobile insurance company rated you in the past as a sub-standard risk?      **Yes**      **No**  
If yes, explain \_\_\_\_\_  
Have you ever been convicted of a crime in this state or any other state?      **Yes**      **No**  
If yes, explain \_\_\_\_\_  
Do you agree, that in addition to your duty time, you will attend regular meetings, drills, and training sessions required to properly maintain an efficient service?      **Yes**      **No**

### If applying for SCAT, please complete the following:

Do you agree to complete the EMT-B course within a year of this application?      **Yes**      **No**

Applicant consent:

I hereby agree to abide by SCAT's constitution, by-laws, and rules, and to adhere to the city, county, state, and federal laws and ordinances, which govern the operation of this ambulance service. The information provided is true to the best of my knowledge.

I acknowledge that I have made application for membership to the Sheldon Community Ambulance Team (SCAT). I hereby consent to have the City of Sheldon request a transcript of my driving record from the Iowa Department of Transportation. I consent to have the transcript of my driving record attached to my application for determination of membership by the City of Sheldon. ATTACHED IS A COPY OF MY CURRENT DRIVER'S LICENSE.

|                                |             |
|--------------------------------|-------------|
| Applicant Signature: _____     | Date: _____ |
| SCAT Director Signature: _____ | Date: _____ |

If applying for the Sheldon Fire Co., please complete the following:

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_ Spouse contact info: \_\_\_\_\_

Physical Disabilities or limitations: \_\_\_\_\_

Emergency Services History: \_\_\_\_\_

**Applicant Consent:**

I realize that the Sheldon Fire Company is not a social club and that as a member I will be required to give freely of my time and talents. It is required to attend all emergency calls, meetings, trainings, and classes possible. I agree to attend and pass all of the required training as soon as possible. I also agree to a physical exam prior to service and during my tenure. I understand that the Sheldon Fire Company/City of Sheldon will run a background check and driving record prior to my service.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spouse Consent:**

I realize that if my spouse is accepted for membership to the Sheldon Fire Company, they will be giving part of their time to public services. I understand that if my spouse accepts to membership, I am automatically part of the Auxillary and agree to attend meeting and functions of said Auxillary.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employers Consent:**

I do hereby signify that this application is made with knowledge and consent. I realize that my employee will possibly be late for or leave early from work due to the need of public service.

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement to Reimburse the City of Sheldon for expenses:**

\_\_\_\_\_, as applicant to the Sheldon Fire Company, does hereby agree to pay back the City of Sheldon for the costs of the physical assessment as follows.

1. Leave within one year of joining.
2. Doesn't get voted on the Sheldon Fire Company at the end of the probationary period.
3. If removed from the Sheldon Fire Company for violation of the by-laws of the department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (students): \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_

If applying for Sheldon EMA, please complete the following:

**Applicant Consent:**

I understand that if this application is approved, I will become a member of the Sheldon Emergency Management Agency. I agree to abide by the rules and regulations governing the operation and activities of the Agency as set out by the Sheldon City Council and the Sheldon Emergency Management Agency. I understand that I am subject to rules and regulations governing this program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

