

Application for Membership in the Mobridge Volunteer Fire Department

Send to: Mobridge Fire Department PO Box 871 Mobridge, SD 57601

Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions legibly and have signed the back of the application. Use blank paper if you do not have enough room on this application. Please PRINT OR TYPE, except for signature on back of application. In reading and answering the following questions, please be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job related information.

Last Name _____ First Name _____ Middle Name _____

Present Street Address: _____ City _____ State _____ Zip _____

Telephone Numbers: Home _____ Work _____ Cell _____

Email Address: _____

Are you over 18? Yes ___ No ___ Over 21? Yes ___ No ___

Do you have Veteran's Preference? Yes ___ No ___ If yes, attach a copy of DD214 (Separation Papers)

Have you ever applied here before? Yes ___ No ___ If Yes, when? _____

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

Driver's License Number _____ Class of License _____ Issuing State _____

List below any violations, other than minor traffic offenses for which you were convicted in a court of law. **Convictions will not necessarily disqualify you from employment with the City of Mobridge. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recentness of the offense, etc. Please be complete. All information is subject to verification.**

Offense /	Place /	Date /	Disposition (Sentence)

Education and Training

Do you possess a high school diploma or GED? Yes _____ No _____

School Name/City/State _____

List formal education beginning with the most recent. Include college, vocational or business school, apprenticeships, military training, etc,

A. Name and Location of Post-Secondary School _____

Dates Attended _____ to _____ Major _____ Minor _____

Did you graduate? Yes _____ No _____ Type of degree _____

B. Name and Location of Post-Secondary School _____

Dates Attended _____ to _____ Major _____ Minor _____

Did you graduate? Yes _____ No _____ Type of degree _____

Use this space to identify any other educational experience you have had which is pertinent to this position. Include workshops, seminars, military or vocation training etc. that are not listed above. Indicate time involved (hoursper week, number of weeks, number of credits, etc.).

Please list any internships:

Did you receive credit towards your diploma? Yes _____ No _____

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates.

Special Skills

What machines or equipment can you operate that are related to membership in the Mobridge Volunteer Fire Department? _____

List professional, trade business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

Begin with your current or most recent position and work backward. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space, use line 24 or attach additional sheets using the same format.

A. Current or most recent position:

Employer _____ Supervisor _____

Employer's address _____ Phone _____

Dates of employment: From _____ to _____

Job Title _____

Complete description of duties: _____

Reason for leaving _____

B. Next Previous Position:

Employer _____ Supervisor _____

Employer's address _____ Phone _____

Dates of employment: From _____ to _____

Job Title _____

Complete description of duties: _____

Reason for leaving _____

C. Next Previous Position:

Employer _____ Supervisor _____

Employer's address _____ Phone _____

Dates of employment: From _____ to _____

Job Title _____

Complete description of duties: _____

Reason for leaving _____

Are you presently employed? Yes _____ No _____

If yes, Whom do you suggest we contact? _____

Are there any days or specific hours you cannot work? Yes _____ No _____

If yes, Please specify _____

List names, addresses and phone numbers of three personal references.

Please use the space below for any other additional pertinent information.

Employer's Authorization to Respond to Fire Calls

Employer's Business name and address _____

Printed Name of Supervisor _____

Supervisor's Phone _____

Printed Title of Supervisor _____

Supervisor's Signature _____ Date _____