

Seward Volunteer Fire/Rescue Department

Application for Membership

Thank you for your interest in becoming a member of the Seward Volunteer Fire Department. We are a proud department and have a long history of serving the citizens of the City of Seward and Seward County. We provide fire protection and suppression, rescue and emergency care, and promote fire prevention for our community and surrounding communities. We do this by staying active and attending scheduled meetings, completing countless hours of training both in-house and at other locations for fire and rescue, educating the community with fire prevention open houses, and participating in other functions that require our services.

The process of becoming a member of the Seward Fire Department is quite simple. Our membership requirements are outlined in more detail in our by-laws, but here are the highlights:

- 1. Must be between the ages of 19 & 65.
- 2. Must possess a valid Nebraska driver's license.
- 3. Must live or work in Seward Fire's Rescue or Fire districts.
- 4. Must be of good moral character.
- 5. Record that is clear of felonies or chronic drug abuse.
- 6. Cannot have been convicted of the following: arson, a registered sex offender, assaults, possession or distribution of illegal substances.

Fill out the application below in its entirety and return it to City Hall along with a copy of your driver's license, or you may bring it to the Fire Station for consideration by the Board of Control.

A copy of the Seward Fire Department by-laws will be sent to you after your application has been submitted. These must be read in their entirety before any membership is voted on. You are welcome to come to the station at any time, introduce yourself to other Seward Fire/Rescue Department members, and become familiar with the station and our members. Our monthly meetings, which are open to the public, are the first Wednesday of each month, and our normal training nights are the third Wednesday of each month.

After your application is received, you will be contacted by our Secretary to arrange an interview time with the Board of Control.

On behalf of the Seward Volunteer Fire Department and its members, we look forward to meeting you and thank you for your consideration in joining our proud department.

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PERSONAL INFORMATION

Last Name:	_
First Name: Middle Initial:	_
Age: DOB: U.S. Citizen: YesNo	
Sex: Male Female	
Address:	_
City: State: Zip:	
Email:	_
Cell Phone:	
Home Phone:	
Work Phone:	
Valid Nebraska Driver's License#:	
MILITARY SERVICE	
Branch: Years in Service:	
Are You Still Actively Serving: Yes No	
EMPLOYMENT INFORMATION	
Present Employer:	
Current Position:	
Address:	
City: State: Zip:	
Manager or Supervisors Name:	Phone:
Work Schedule:	
Due to a call will your employer allow you to leave work?	No
Due to a call will your employer allow you to be late for work? Yes	No
May we contact your employer? Yes No	
	

BACKGROUND INFORMATION
Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a crime (Except Traffic Violation):
If yes on either above questions, explain:
DRIVING RECORD
Has your driver's License ever been suspended or revoked? Yes No
Offense Charged:
City/County: State: Date:
Comments:
EDUCATION
High School:
State: Years attended:
Did you graduate? Yes No
If you did not graduate high school, did you attain a GED? Yes No
College:
State: Years attended:
Degree:

EXPERIENCE & TRAINING
Have you previously been a member of any fire department? Yes No
Department:
Location:
Last Rank or Position Held:
Dates Served:
Are you Firefighter I certified? Yes No
Are you Firefighter II certified? Yes No
Do you hold a current EMT license? Yes No Expiration Date:
Give us a brief description of any Fire or Rescue training you have:
You may leave copies of any certificates you have received to city hall or the fire station.
REFERENCES
Have you ever applied for membership with Seward Volunteer Fire Department? Yes No
Are you currently a member of any other fire department? Yes No
List members of Seward Volunteer Fire Department with whom you are acquainted with:

AVAILABILITY

People's schedules and obligations continually change,	, we understand that.			
Please explain what days you are, or are not available so we can know what calls, trainings, meetings or other				
functions you may or may not be able to attend:				
Do you have any current physical, mental or medical in	mpairments or disabilities that would impair or limit your			
duties as a Firefighter or EMT? Yes No				
AGREEMENT				
AGNELIVIENT				
I, Seward Volunteer Fire/Rescue Department. I will read	hereby make application for membership in the and understand the constitution and by-laws of the			
department and agree to perform all duties and accep	t the responsibilities as outlined above. Particularly, I will			
	cle 3 of the constitution and by-laws relating to controlled on procedures. I certify that all answers given herein are			
true and complete to the best of my knowledge. I auth	·			
	on. In the event of acceptance, I understand that false or			
misleading information given in my application or inte	rview may result in suspension or termination.			
Signature:	Date:			