



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, 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 on our attached 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 and turn it in to any member, they will get it to 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 one of the hottest teams around.

Thank you.

PERSONAL INFORMATION

Last Name: _____

First Name: _____ Middle Initial: _____

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

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? Yes No

Due to a call will your employer 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): Yes No

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 a Firefighter I Certified? Yes No

Are you a 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 attach copies of and certificates you have received and turn in with your completed application.

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 impairments or disabilities 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/Rescue 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: _____