

Washington Twp. Buck Creek Fire Department

P.O. Box 181
Buck Creek, Indiana 47924
Phone: (765) 589-8446

Job Description

(Please read carefully before signing or continuing with this application.)

CERTIFICATION REQUIREMENTS:

All active member will be required to maintain a minimum of the following throughout their membership with the Washington Twp. Buck Creek Volunteer Fire Department.

- Current State of Indiana Emergency Responder or EMT-B Certification
- Current State of Indiana Firefighter I/II Certification
- Valid State of Indiana Driver's license

General Duties: included, but are not limited to:

- Fire suppression activities including, but no limited to:
 - Layout of hose lines
 - Operation of fire streams
 - Performance of ventilation procedures
 - Operation of hand fire extinguishers
 - Operation of Engine-driven equipment (Exhaust fans, generators, rescue tools, etc.)
 - Entrance into burning buildings to effect rescue and suppression
 - Return of all equipment to run-ready status
 - Operating from varying lengths of ladders
- Provide automobile extrication
- Provide Emergency Medical Services
- Respond to Hazardous materials and special rescue emergencies
- Perform routine maintenance of assigned apparatus, tools, and equipment
- Participate in regular training programs
- Adhere to rules, regulations, policies, and procedures

Signature

Date

Application for Firefighter Membership

Personal Information

Applicants Full Name _____
Last First Middle

Date of Birth _____ Age _____ Sex: M F

SSN# _____ Marital Status _____

Physical Address _____
Number Street City State Zip Code

Mailing Address _____
Number Street City State Zip Code

Cell phone number _____ Home phone number _____

Driver's license # _____ State _____ EXP. _____

Emergency Contact Information

(Please list two people you would like the department to contact in case of an emergency.)

Name _____ Telephone _____

Address _____
Number Street City State Zip Code

Relationship _____

Name _____ Telephone _____

Address _____
Number Street City State Zip Code

Relationship _____

General Information

Do you currently hold a valid driver's license? _____

Has your driver's license ever been suspended or revoked? If yes, please explain: _____

Have you had any traffic violations within the past 3 years? If yes, Please explain: _____

Have you had any traffic accidents within the past 3 years? If yes Please explain: _____

Have you ever been convicted of a felony and/or misdemeanor? If yes, Please explain: _____

Medical Information

Height _____ Weight _____ Hair _____ Eyes _____

Do you wear glasses or contacts? _____

Current physician's Name: _____ Telephone: _____

Allergies _____

Medications _____

Have you ever received treatment for mental disorders? _____

Please list any and all injuries/illnesses you have been diagnosed with or been treated for during the past 5 years _____

Education

	Location	Years Completed	Major/Minor	Did you Graduate?
High School				
College				
Trade School				

Do you currently hold any Firefighting certifications? If so, please list: _____

Do you currently hold any EMS certification? If so, please list: _____

Personal References

(Please list three personal references, other than relatives and/or previous employers)

Name	Phone#	Years Known	Relationship

Work History

(Please state with you current or most recent employer and list all employment you have had.)

Employer _____ **Hours of Work** _____

Address _____
Number Street City State Zip Code

Telephone _____ **Supervisor** _____

Job Title _____ **Length** _____ **Reason for Leaving** _____

Employer _____ **Hours of Work** _____

Address _____
Number Street City State Zip Code

Telephone _____ **Supervisor** _____

Job Title _____ **Length** _____ **Reason for Leaving** _____

Employer _____ **Hours of Work** _____

Address _____
Number Street City State Zip Code

Telephone _____ **Supervisor** _____

Job Title _____ **Length** _____ **Reason for Leaving** _____

Employer _____ **Hours of Work** _____

Address _____
Number Street City State Zip Code

Telephone _____ **Supervisor** _____

Job Title _____ **Length** _____ **Reason for Leaving** _____

Residences

(Please list all residences you have lived at within the past 5 years)

Address	Length of Time

Statement of Disclosure

(Please read carefully before signing.)

Any person accepted to the Washington Township Buck Creek Volunteer Fire Department will be under a probationary period of at least 1 year from the date of acceptance. All applicants are subject to a background investigation at the discretion of the officers. During active membership of the Washington Township Buck Creek Volunteer Fire Department, all members will be required to follow all Rules and Regulations and By-Laws set forth by the department, and are subject to drug screening.

I (print name) _____ accept that all the information contained in this application is true and accurate to the best of my knowledge. I understand that any of the information contained in this application is confidential and for exclusive use by the officers of the Washington Township Buck Creek Fire Department.

Signature of Applicant _____

Date of Signature _____