

# YANKTON VOLUNTEER FIRE DEPARTMENT FIRE FIGHTER APPLICATION

P.O. BOX 176  
YANKTON, SD 57078

Qualified applications are considered for all open positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

This application must be returned to the Fire Chief's office no later than the last Friday of the month. This application will be held on file for a period of one year.

Date of application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

Are you between the age of 21 and 45? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you live within the City limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you within 5 miles of the City limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Have you ever been a member of the YVFD before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

May we contact your current or most recent employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_\_ Yes \_\_\_\_\_ No (Proof of citizenship or immigration status is required upon employment)

Have you been convicted of a felony within the last seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Are you able to perform without special accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

This position requires a valid South Dakota drivers License, do you possess one?

\_\_\_\_\_ Yes \_\_\_\_\_ No If no, can you obtain one? \_\_\_\_\_ Yes \_\_\_\_\_ No

If this position should require a valid South Dakota commercial driver's license, do you possess one? \_\_\_\_\_ Yes \_\_\_\_\_ No If no can you obtain one? \_\_\_\_\_ Yes \_\_\_\_\_ No

# EMPLOYMENT EXPERIENCE

List each job held. Start with your present job. Include military service assignments and volunteer activities. You may exclude groups which indicate race, color, sex, national origin, disability or other protected status. (If you need additional space, please continue on a separate sheet of paper.)

|                    |            |         |                |
|--------------------|------------|---------|----------------|
| Employer           |            | Date    | Work Performed |
|                    |            | from to |                |
| Address            |            |         |                |
| Telephone No.      |            |         |                |
| Job Title          | Supervisor |         |                |
| Reason for leaving |            |         |                |

|                    |            |         |                |
|--------------------|------------|---------|----------------|
| Employer           |            | Date    | Work Performed |
|                    |            | from to |                |
| Address            |            |         |                |
| Telephone No.      |            |         |                |
| Job Title          | Supervisor |         |                |
| Reason for leaving |            |         |                |

|                    |            |         |                |
|--------------------|------------|---------|----------------|
| Employer           |            | Date    | Work Performed |
|                    |            | from to |                |
| Address            |            |         |                |
| Telephone No.      |            |         |                |
| Job Title          | Supervisor |         |                |
| Reason for leaving |            |         |                |

Summarize special job related skills and qualifications acquired from employment or other experiences that might pertain to firefighting.

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YANKTON VOLUNTEER FIRE DEPARTMENT  
FIRE FIGHTER APPLICATION  
PART 2

Applicants name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

EMPLOYERS STATEMENT:

I hereby give permission to the applicant named above to respond to fires while on the job or on call.

Yes \_\_\_\_ No \_\_\_\_ If no explain: \_\_\_\_\_

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Employers signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

The employer was contacted by members of the executive committee.

Yes \_\_\_\_ No \_\_\_\_ Comments: \_\_\_\_\_

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## EDUCATION

|                                                                                            | High school      | College/University | Graduate/Professional |
|--------------------------------------------------------------------------------------------|------------------|--------------------|-----------------------|
| School Name                                                                                |                  |                    |                       |
| Years complete (circle)                                                                    | 9 10 11 12       | 1 2 3 4            | 1 2 3 4               |
| Diploma/Degree (circle)                                                                    | None Diploma GED |                    |                       |
| Describe course of study                                                                   |                  |                    |                       |
| Describe Specialized Training, Apprenticeship Skills and Other Extra Curricular Activities |                  |                    |                       |

### References:

Give name, address and phone number of three personal references not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

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## AGREEMENT

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for becoming a member of the Yankton Volunteer Fire Department as may be necessary in arriving at a decision, and I release the City of Yankton, the Yankton Volunteer Fire Department and its representatives and all persons, companies and corporations supplying such information from any liability which might result from making such investigation.

In the event of my becoming a member of the Yankton Volunteer Fire Department, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Fire Department.

I understand this application is not a contract of membership. In the event of my becoming a member of the Yankton Volunteer Fire Department, I understand I will be subject to a physical, at the Yankton Medical Clinic, and one year probationary period where my membership in the Fire Department is terminable at will so that both the Fire Department and I remain free to choose to end our working relationship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For Department Use Only

Arrange Interview    Yes \_\_\_\_    No \_\_\_\_    Date and Time \_\_\_\_\_

Remarks \_\_\_\_\_

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Signature of 3 interviewers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted:    Yes \_\_\_\_    No \_\_\_\_    If accepted, date of acceptance \_\_\_\_\_

Signature of President \_\_\_\_\_

Signature of Secretary \_\_\_\_\_

Signature of Chief \_\_\_\_\_

Signature of City Manager \_\_\_\_\_

Signature of Yankton Rural Fire Protection District President:

\_\_\_\_\_

Date Retired / Resigned \_\_\_\_\_

Remarks: