Spring Valley Township Fire Department Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. Part-time Volunteer

Personal Informa	ation:					
Name:						
Address:	Last		First	Middle	Other Nam	es Used
Telephone:	Street ()		City	S Yes	state s () No (Zip)
Email Address:	Home		Cell		Text	
Email Address.						
Employment His	tory (Please	Start With the Mo	st Recent, Ending V per as Necessary.):	Vith Age 18, Excludir	ng Part-Time	Positions Held While
Employer:	Ladoation	ooo maalilonan a	701 ac 1100000ai y.).			
Address:						
71001000.	Street		City	Sta	ate	Zip
Telephone:	()	Sup	ervisor Name:			
Dates From:		То:		Final Ra	ate of Pay:	
Position Held:						
Primary Duties:						
Reason for Leavir	ng:					
Next Employer:						
Employer:						
Address:						
	Street		City	Sta	ate	Zip
Telephone:	()	Sup	ervisor Name:			
Dates From:		То:		Final Ra	ate of Pay:	
Position Held:						
Primary Duties:						
Reason for Leavir	ng:					

Next Employ	yer:								
Employer:									
Address:									
	S	Street		C	ity		Sta	ate Zip	
Telephone:	()		Supervisor Nan	ne:				
Dates From:			То:			Fi	nal Ra	ate of Pay:	
Position Held	d:								
Primary Dutie	es:								
Reason for L	Reason for Leaving:								
MAY WE CON	NTACT	YOUR PRES	ENT EMPLO	YER? Yes [No				
	Are you legally eligible to work in the United States? Yes \(\sum \) No \(\sum \) (Federal Law requires proof of identity and employment authorization for all new employees.)								
Education/	Trainin	g							
School		<u>Nam</u>	<u>e</u>	Location	1	Dates Attender	<u>ed</u>	<u>Diploma, Degree</u> <u>& Major</u>	Graduated?
High School									
College									
Other									
(Business, Vocational,									
Military)									
							1		
Professional Licenses or Certificates Held (List additional on a separate sheet of paper)									
VFF (36hr) [EMT-B	□ +	laz-Mat Aware		NIMS 100		NIMS 700 [
FF1 [EMT-I	H	Haz-Mat Ops.		NIMS 200		NIMS 800 [
FF2 [Para	H	laz-Mat Tech.		NIMS 300		EMSI [
FSI		CPR	☐ H	Haz-Mat Spec.		NIMS 400		FFI [
Attach copies of all certification cards when returning application									

Personal Reference (Please list the names of three (3) persons not related to you by blood or marriage.)					
Name:					
Address:	Last	First	M	liddle	
	Street	City	State	Zip	
Telephone:	Home	Other			
	To You (i.e. friend, co-worker)	:	Occupa	tion:	
Personal Re	rerence				
Name:	Loot	First	Middl		
Address:	Last				
Telephone:	Street ()	City ()	State	Zip	
	Home To You (i.e. friend, co-worker)	Other .	Occupa	tion:	
Personal Re	· ·		Ообара	MOTH.	
Namai					
Name:	Last	First	Middl	le	
Address:	Street	City	State	Zip	
Telephone:	_()	()			
Connection 7	Home To You (i.e. friend, co-worker)	Other:	Occupa	tion:	
Driving Rec	ord				
Violations, Fi	nes, Suspensions, Convictior	ns? (Please list all of them excep	ot parking tickets)		
Date and vic		,	,		
Date and vic	Mation:				
Driver's License Number :					
Why do you want to join the Spring Valley Township Fire Department?					
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Have you ever been charged with a crime (other than a minor traffic infraction)? Yes \(\subseteq \) No \(\subseteq \)
If yes, when & where: Please Explain:
Are you related by blood or marriage to any person now employed by Employer? Yes \(\scale \) No \(\scale \)
If yes, give name and relationship to you:
VOLUNTEERS OLNY ROLES AND RESPONSIBILITIES
Attendance- Three (3) training Drills each month (Wednesday nights) fire and EMS. One Weekend shift each month and attend 25% of all fire and EMS calls per month (if applicable). Participate in weeknight squad duty.
Minimum Training- CPR, Firefighter Certification and/or EMS certification within the first year on the department.
CERTIFICATION
Information to b considered confidential and be held the sole property of the application Investigation Committee, and the Spring Valley Township Fire Department, not to be divulges to anyone for any reason beyond the sole purpose of the investigation of the application for membership.
If Applicant is accepted as a member, this form will become a permanent part of the Fire Department records.
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.
I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.
Signature of Applicant: Date:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

	n applicant for employment with Spring Valley Township Fire Department, sure of all records or information concerning myself to any duly authorize ent, whether the said records are of a public, private, or confidential nature.
of educational institutions; employment and p	e my consent for full and complete disclosure of all records and information ore-employment records, including background reports, efficiency ratings, me, either criminal or civil, in which I have, or have had any interest or
developed directly or indirectly, in whole or in propertion for employment by the Spring Valley Township furnish such information concerning me shall not be shal	btained during any personal history background investigation which is part, upon this authorization will be considered in determining my suitability of Fire Department. I hereby agree that any person(s) or entities who may not be held liable for providing this information; and I do hereby release said which may be incurred as a result of furnishing such information.
I further authorize that a photocopy of t said photocopy does not contain an original wri	this signed release form will be valid as an original thereof, even though the ting of my signature.
Signature	 Witness
DATED:	
Printed Name, including all names I have previo	ously used or been known by:
	_
	_
	_
Phone:	-
DOB:	
SSN:	

Expectations

The following is a list of expectations that are not included in your job description. We feel it extremely important for everyone to know what is expected of him or her. Please review the list and clarify any questions you have with the investigation committee. This list is intended to help you understand the requirements of this industry and create an easier transition to our organization.

1. Maintain and promote a winning attitude.

- Look at problems as opportunity. How can we improve?
- When you bring a concern to an officer, bring two possible solutions
- Do not engage in chronic complaining. Be part of the solution, not part of the problem. Complaining does little to improve the organization. Help us work towards positive solutions.
- Do not accept negative attitudes in others. Bring negativity to their attention.
- Avoid negative thinking. Negative thinking is contagious and limits our potential.
- Remember... Attitude is a choice; choose to have a good one.
- Develop a "can do" attitude. You are in control of your potential.
- Focus on making a positive impact on others and the organization.
- Seek out opportunity and ways to implement.
- Deal in FACTS not assumptions.

2. Practice the Golden Rule.

- Treat others the way you wish to be treated.
- See value in others. Everyone has value.
- Care about the other members and help them succeed.
- Focus more on the positive attributes of others instead of the negative. We will not ignore the negative but we will emphasize the positive.
- Help energize others by being motivated yourself.

3. Be a Team Player.

- Participate in meetings and trainings.
- Help your fellow members succeed.
- Remember... We win and lose as a team, not individuals.
- Keep communications open.
- Always seek win-win solutions.
- Have fun. Enjoy working with the group.
- Make it a safe environment.
- Build relationships to improve trust and understanding.
- Allow mistakes. We will all make mistakes when we try new ideas.
- Learning must take place when we make mistakes.
- Poor performance is not tolerated.
- Recognize fellow members for a job well done.

4. Seek Excellence.

- Increase your education and skill level.
- Focus on helping to move the organization forward.
- Finish what you start. Get help if you need it.
- Seek to improve everything we do.
- Think why we can, instead of why we can't.
- Be data driven.
- Understand our budget is limited. How can we make the biggest impact with what we have?

5. Do That Which is Right.

- Everything you do must be done in a moral, ethical, and legal manner.
- Contribute to the mission and vision of the organization.
- Help accomplish our goals.
- Always consider the internal and external customer.
- Remember, the Ten Commandments are not outdated.
- Be trustworthy and show integrity.

6. Stay Focused.

- Remember... You're here to help the organization succeed.
- Stay focused on contributing to the mission, vision, and goals.
- Don't get distracted with personal agendas.
- You are our most valuable resource... We will support you through education, training, coaching, and counseling.
- Every task that you engage in must be aligned with the mission.

7. Participate.

- Participate in meetings, trainings, special details, and emergency calls.
- Participate by communicating, asking questions and offering suggestions.
- Participate by helping the organization be better today than it was yesterday.

8. Capitalize on Adversity.

- We are constantly faced with adversity and problems. Don't let the problems pull you down. Our
 job is to adapt and overcome problems.
- Seek out opportunity anytime you are confronted with adversity.
- Understand all of the facts when confronted with adversity.
- Help develop and implement the plan to overcome adversity.

I have reviewed the above list of member expectations given to me by the Spring Valley Township Fire Department. I have had the opportunity to discuss any questions or concerns that I have with the investigation committee, regarding these expectations. I will strive to meet all of these expectations as a member of this organization. A copy has been provided to me for future reference.

Name	Date	
Signature:		
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