



City of Victor Fire Department
Membership Application for Fire Fighter
500 Victor Avenue
Victor, CO 80860

Name _____ Date _____
(Last, First, Middle Initial)

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

Emergency Contact: (List Name, relationship, phone numbers)

Availability: I am available to respond to alarms during the (day) _____ (evening) _____
(during the hours of) _____

Level of Education: List last grade completed _____

Previous Firefighting/EMS Experience: _____

Current Employer: _____

Employer Contact Name and Number: _____

Do you have any physical limitations which would limit your ability to perform tasks related to firefighting? It is important that you be able to climb and wear breathing apparatus. Please explain.

Are you able to commit to 48 hours of training per calendar year? _____

Date of Birth _____

Driver's License # _____ Social Security # _____

References: List three mature responsible persons who are acquainted with you other than relatives.

Name	Current Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently under indictment for a felony warrant? Yes [] No []

Have you ever been convicted of a felony? Yes [] No []

Have you ever been arrested, detained or taken into custody in this state, in any other state, in military service or elsewhere, or were you ever investigated by a law enforcement or governmental agency? Yes [] No [] If yes, how many times?____ Please explain.

NOTE: Answering "Yes" to any question in this section does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Number of traffic (not parking) tickets you received in the last five (5) years? _____

Has your driver's license ever been suspended or revoked? Yes [] No []

Have you ever been involved in an accident? Yes [] No [] If yes, how many?_____

Were you judged at fault in any accident? Yes [] No []

Why do you want to be a member of this Fire Department?

The City of Victor is an Equal Opportunity Employer and supports a Drug Free Workplace. Applicants will be required comply the City of Victor's Drug & Alcohol Policy. This employment opportunity is open to all persons without regard to race, color, religion, national origin, age, sex, marital status, veterans status, physical or mental disability, sexual orientation, gender identity or any other status protected by federal, state or local laws.

You are advised that firefighting is an inherently dangerous occupation and may at times be both physically and mentally stressful. It is important that all members of the department strive to keep in good physical condition. It is recommended that you have a complete physical examination conducted by your personal physician prior to participating in any firefighting activities.

The facts set forth in my application for membership are true, complete and accurate. I understand that if accepted, any false statement on this application may result in immediate dismissal. I further understand that this application does not obligate the City in any way should I be accepted as a member. I also understand that the City has the right, as part of my qualifying for membership, to make all character and criminal background inquiries that may be within legal rights of the City. If accepted for membership, I will comply with all rules, operational procedures and guidelines and will at *all times conduct myself in a professional manner.*

Signature of Applicant _____ Date _____

For Internal Use Only:

Interviewed by _____ Title _____ Date _____

Background Check Completed _____

Pre-volunteer Drug Testing Completed _____

Signed City Drug & Alcohol Policy _____

Signed City Volunteer Firefighter Policy _____

Reference Check Completed _____

Date Probation Started _____

Date Probation Ended _____