



OLATHE FIRE PROTECTION DISTRICT
DIRECTIVES POLICY MANUAL



APPENDIX B: DISTRICT MEMBERSHIP APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO DISTRICT OFFICE.

APPLICANT INFORMATION

DATE: _____

LAST NAME: _____ FIRST: _____ M.I. _____

STREET ADDRESS: _____ APT/UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

POSITION DESIRED: FF/EMT __, PRN __, PRN EMT __, VOLUNTEER FF __ (PLEASE MARK ALL THAT APPLY)

DATE AVAILABLE: _____ DESIRED SALARY: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES __ NO __
IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S. YES __ NO __

HAVE YOU EVER BEEN CONVICTED OF A CRIME/FELONY? YES __ NO __
IF YES, EXPLAIN: _____

ARE YOU 18 YEARS OF AGE OR OLDER ? YES __ NO __

ARE YOU CURRENTLY FIREFIGHTER CERTIFIED? YES __ NO __ IF YES, WHAT LEVEL? _____

COLORADO EMT NUMBER: _____ NR NUMBER: _____

PLEASE PROVIDE THE FOLLOWING: COPIES OF CERTIFICATIONS YOU HOLD
DRIVER'S LICENSE

DO YOU HAVE ANY MEDICAL CONDITIONS THAT WOULD INHIBIT THE PERFORMANCE OF YOUR DUTIES?
YES __ NO __

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED/REVOKED IN THE LAST THREE YEARS? YES __ NO __

HAVE YOU EVER WORKED FOR OFPD BEFORE? YES __ NO __
IF SO, WHEN? _____

EMPLOYMENT HISTORY

NAME OF **CURRENT** EMPLOYMENT: _____

ADDRESS: _____ PHONE #: _____

SUPERVISOR: _____ JOB TITLE: _____

STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? YES ___ NO ___

DO THEY UNDERSTAND THE NEED TO BE EXCUSED FROM WORK FOR AN EMERGENCY? YES ___ NO ___

NAME OF **PREVIOUS** EMPLOYMENT: _____

ADDRESS: _____ PHONE #: _____

SUPERVISOR: _____ JOB TITLE: _____

STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? YES ___ NO ___

NAME OF **PREVIOUS** EMPLOYMENT: _____

ADDRESS: _____ PHONE #: _____

SUPERVISOR: _____ JOB TITLE: _____

STARTING SALARY: _____ ENDING SALARY: _____

RESPONSIBILITIES: _____

FROM: _____ TO _____ REASON FOR LEAVING: _____

MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? YES ___ NO ___

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO _____ DID YOU GRADUATE? YES ___ NO ___ DEGREE: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO _____ DID YOU GRADUATE? YES ___ NO ___ DEGREE: _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO _____ DID YOU GRADUATE: YES ___ NO ___ DEGREE: _____

REFERENCES - (PLEASE LIST THREE PROFESSIONAL REFERENCES)

NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE #:** _____
ADDRESS: _____

NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE #:** _____
ADDRESS: _____

NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE #:** _____
ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ **RELATIONSHIP:** _____
PHONE #: _____

NEAREST RELATIVE: _____ **RELATIONSHIP:** _____
PHONE #: _____

BRIEFLY STATE YOUR REASONS FOR WANTING TO BECOME A PART OF OUR ORGANIZATION:

I AGREE TO PERMIT THE OLATHE FIRE PROTECTION DISTRICT TO CONDUCT AN INVESTIGATION INTO MY BACKGROUND THROUGH THE POLICE DEPARTMENT, CBI, FBI, DEPARTMENT OF REVENUE, OR ANY OTHER LAW ENFORCEMENT ORGANIZATION. THIS INFORMATION WILL BE HELD IN CONFIDENCE BY THE OLATHE FIRE PROTECTION DISTRICT. I HAVE ALSO READ AND UNDERSTAND THE JOB DESCRIPTION AND FUNCTIONAL POSITION DESCRIPTION.

BY SIGNING BELOW, I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE