

Indiana Fire Association



Membership Application

Please make sure this membership application is filled out completely.

Those applications submitted that are found to be incomplete or have false information will be dismissed from consideration for membership. Please use the check list below to ensure the completeness of the application and its attachments prior to submission.

- Application is filled out completely
- Photocopy of Valid Driver's License
- If applicable, copies of any and all Fire / EMS certificates the candidate has obtained during his / her prior service.

Candidate Name: _____

Fire Dept Use:

FF Receiving Candidate Application: _____

Date Received: _____



Indiana Fire Association

Application for Volunteer Firefighter

The Indiana Fire Association is an Equal Opportunity Organization. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. All information requested on this application form is solicited for the purpose of determining abilities and skills required to carry out the duties and functions of a firefighter and to facilitate verification of the information requested.

Name	Last	First	Middle
Home Address			How Long at this Address _____
Primary Phone	Date of Birth	Email Address	
Alternative Address (School Address / Dorm Address)		Driver License Number	State
Do you have a sponsor?	If so, please list two:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. 2.		

Are you at least 18 years old? YES NO

Are you currently attending IUP or any other educational institution? YES NO

Are you a current resident of the IFA service area? YES NO

Do you have any previous firefighting or EMS experience? YES NO

Do you have a valid Driver's License? (Please submit a photocopy) YES NO

Do you consent to a criminal background check? YES NO

(Please submit a \$10.00 check made out to the IFA for this purpose)

Are you available to respond to emergency calls during:

Daylight? YES NO

Evenings? YES NO

Weekends? YES NO

Are you available to attend training on Thursday evenings? YES NO

May we contact your current employer? YES NO

If not, please identify someone familiar with your performance

For your current employer that we may contact: Name: _____ Phone: _____

EDUCATION			
Last High School Attended:	Highest grade completed:	Do you have a high school diploma or GED Certificate?	
_____	9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name	Location		
Colleges, universities, trade schools, technical schools or apprenticeship programs:			
Name	Location	Number of Years	Degree, Credits, Certificates

FIRE OR EMS EXPERIENCE (If applicable)*Required for those wishing for college membership*

Department	Location	Dates Served From To	Rank Held
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Certifications and Specialized Training (Attached Copies Required)

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Department	Location	Dates Served From To	Rank Held
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Certifications and Specialized Training

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*Attach separate list if necessary.***MILITARY**

Branch of Service	Length of Service	Rank at Separation
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Reserve Requirements	Specialized Training
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OTHER QUALIFICATIONS

Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.).

List any trade, professional or skills certificates you hold.

Summarize special skills, abilities or experiences that may qualify you for this position.

EMPLOYMENT HISTORY

Employer	Job Title
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Address	Dates Employed From To
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Description of Duties	Supervisor's Name
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Reason for Leaving	Will this Supervisor give you a good reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYMENT HISTORY

Employer	Job Title
----------	-----------

Address	Dates Employed From To
---------	--

Description of Duties	Supervisor's Name
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Reason for Leaving	Will this Supervisor give you a good reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYMENT HISTORY

Employer	Job Title
Address	Dates Employed From _____ To _____
Description of Duties	Supervisor's Name
Reason for Leaving	Will this Supervisor give you a good reference? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

Please list three references other than relatives or former employees:

Name and Address	Phone Number	Relationship
1.		
2.		
3.		

Please attach a resume if available.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize the Indiana Fire Association to investigate the truth of this information and of any other information I may supply during a pre-membership interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information the Indiana Fire Association may solicit from it or them. I further authorize the Indiana Fire Association to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, the Indiana Fire Association will so advise me.

"I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by the Indiana Fire Association.

"I further understand that the IFA does not guarantee anyone membership for any specific length of time. I therefore agree that, if I am accepted, my membership may be terminated either by me or by the Indiana Fire Association at any time without notice or cause.

"I further understand and agree that any offer of membership the IFA may make to me (and, if I am accepted, my continued membership) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and shall be contingent upon my taking and passing physical examinations, continued clean criminal record, and drug tests. I understand that any criminal charges and/or suspensions / revocations of my driving privileges (Loss of License) must be immediately reported to my supervisor and may, pending review, lead to my dismissal from the department.

"I further understand that I will be required to undergo drug testing immediately and prior to being placed in an active service role with the IFA and that a failure of said test will lead to immediate dismissal from the department. I understand that failure of any subsequent drug tests that may be administered throughout my service with the IFA will also lead to an immediate dismissal from the department.

"I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my membership in the IFA in any way.

"I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."

Indiana Fire Association
1555 Indian Springs Rd.
Indiana, PA 15701
724-465-2024

Signed

Date