

**City of Manchester**

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 Manchester, IA 52057  
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**MANCHESTER FIRE DEPARTMENT VOLUNTEER APPLICATION**

400 E MAIN ST | MANCHESTER, IA 52057 | PH 563.927.4242 | FAX 563.927.3103

The City of Manchester is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, sex, age, handicap, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. The City of Manchester will comply with any legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

**PLEASE PRINT**

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Mailing Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you over 18?  Yes  No Are you legally authorized to work in the US?  Yes  No

Have you served as a volunteer fireman in the past?  Yes  No If yes, list date and location \_\_\_\_\_

Do you have any relatives employed as volunteer fireman?  Yes  No If yes, please list \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**EDUCATION & TRAINING**

High School \_\_\_\_\_ Did you graduate?  Yes  No

College/Business/Trade/Tech School \_\_\_\_\_ Major \_\_\_\_\_ Did you graduate?  Yes  No

**Military Service**

Branch of Service \_\_\_\_\_ Years of service \_\_\_\_\_ Honorably discharged?  Yes  No

Reserve Status \_\_\_\_\_ Years of service \_\_\_\_\_ Honorably discharged?  Yes  No

Attendance requirements if in the Reserve or Guard \_\_\_\_\_

**Fire Experience & Training**

Have you received Firefighter training in the past?  Yes  No Type \_\_\_\_\_ Date \_\_\_\_\_

Have you received EMS training in the past?  Yes  No Type \_\_\_\_\_ Date \_\_\_\_\_

**Work Experience & Training**

Can you operate heavy equipment?  Yes  No Type \_\_\_\_\_

Do you have any mechanical, electrical or other specialized work experience?  Yes  No Type \_\_\_\_\_

**HEALTH INFORMATION** *(Assignment is contingent on applicant meeting minimum physical/mental demands of the position.)*

Do you have any physical or health limitations that could interfere with your performance for this volunteer position?  Yes  No

Can you swim?  Yes  No Do you have any breathing difficulties?  Yes  No

Are you claustrophobic?  Yes  No Do you have any allergies?  Yes  No

Do you have a fear of heights?  Yes  No Do you have any mental or physical difficulties?  Yes  No

Have you had any major illness, injury or surgery in the past 3 years?  Yes  No

**DRIVING RECORD**

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? If yes, please explain.  Yes  No

Please explain \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Do you have truck driving experience?  Yes  No Type of Vehicle \_\_\_\_\_

Do you have your CDL?  Yes  No Class  A  B  C Endorsements \_\_\_\_\_

## AVAILABILITY & EMPLOYMENT RECORD

What hours are you available to respond to emergency calls? \_\_\_\_\_ Approximate minutes from fire station \_\_\_\_\_

Candidate will be expected to attend following meetings and training sessions

Weekly Monday meetings, 7:00 – 9:00pm?  Yes  No

Do you have any responsibilities that may prevent you from meeting the job requirements?  Yes  No

### Employment History

Present Employer \_\_\_\_\_ City/State \_\_\_\_\_ Contact \_\_\_\_\_

Position Held \_\_\_\_\_ Number of Years Employed \_\_\_\_\_

Current Work Schedule  Days  Evenings  Nights  Shift Worker Shift Length  8hr  10hr  12hr  Other

Does your business take you out of town?  Yes  No

**If you have been with your present Employer less than three (3) years, please list previous employment.**

Former Employer \_\_\_\_\_ City/State \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Former Employer \_\_\_\_\_ City/State \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Have you ever been discharged or asked to resign from any position?  Yes  No *If yes, please explain.*

## PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you.

1. \_\_\_\_\_  
Name City Phone

2. \_\_\_\_\_  
Name City Phone

3. \_\_\_\_\_  
Name City Phone

### Why do you want to be a volunteer firefighter?

### Applicant's Statement

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained, among other ways, through interviews with the personal references and past employers listed, through a credit check, a criminal history check, and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. I hereby release all parties, including but not limited to the City of Manchester, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the City of Manchester concerning me or any action the City of Manchester takes on the basis of such information. I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by the City of Manchester is contingent upon my ability to produce the required documentation within the time period required by law. I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the City of Manchester, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that the City of Manchester has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Manchester, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on the City of Manchester.

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

\_\_\_\_\_  
Date