



# Dickson Fire Department

## Volunteer Firefighter Application

The Oklahoma Unity Bill regarding medical marijuana, states that firefighting is a safety sensitive position. Therefor, if you have a medical marijuana license, or use marijuana, you cannot apply for a firefighter position.

Name: \_\_\_\_\_

  Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

  Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at present address? \_\_\_\_\_

  Years \_\_\_\_\_ Month \_\_\_\_\_

Previous  
Address: \_\_\_\_\_

  Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Coded \_\_\_\_\_

How long at previous address? \_\_\_\_\_

  Years \_\_\_\_\_ Month \_\_\_\_\_

### Employment History

*Please provide information regarding your last three employers. Please include your current one.*

Company Name	Address	Contact Phone#	Time Employed
			From: _____
			To: _____
			From: _____
			To: _____
			From: _____
			To: _____

### Personal Information

DOB: \_\_\_\_\_

SS# \_\_\_\_\_

Valid Oklahoma License (Please circle one):

Yes	No
-----	----

DL# \_\_\_\_\_

Formal Education (Please check one):

High School Diploma \_\_\_\_\_

G.E.D. \_\_\_\_\_

College / Trade School: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Military Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

1) Have you ever been convicted of a felony? (Please circle one)

Yes	No
-----	----

2) Have you ever been convicted of a misdemeanor other than minor traffic violation(s)? (Please circle one)

Yes	No	<i>If "Yes" to either of the aforementioned questions, please in the space below.</i>
-----	----	---

## Personal References

Please provide three (3) references (no relatives):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Ph#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Ph#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Ph#: \_\_\_\_\_

**Fire Service Experience (Please circle one):**  Yes  No

If yes, please provide Fire Department references below.

Department Name: \_\_\_\_\_ Chief: \_\_\_\_\_

Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Department Name: \_\_\_\_\_ Chief: \_\_\_\_\_

Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Department Name: \_\_\_\_\_ Chief: \_\_\_\_\_

Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Medical Experience (Please circle one):**  Yes  No

EMR  Yes  No Certificate#: \_\_\_\_\_

EMT  Yes  No Level: \_\_\_\_\_ Certificate#: \_\_\_\_\_

\*Please acknowledge the Dickson Fire Department is not a social club. As a member, you are required to give your time in responding to medical emergencies, fires, meetings, drills, training, committees and other commitments that may arise.

Initials: \_\_\_\_\_

\*The Fire Service places great physical demands, and will require you to carry, lift, climb, crawl, stoop, and bend. – Do you have any physical limitations that would prevent the performance of these duties?

(Please circle one)  Yes  No

If "Yes", Please explain using the space below.

I hereby certify this application contains no misrepresentation or falsification and that the information provided is true and complete to the best of my knowledge and belief. I understand that falsification or omission of facts called for in this document will be cause for the cancellation of this application, and dismissal. I authorize the Dickson Fire Department to make necessary and appropriate investigations to verify the information here provided.

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

\_\_\_\_\_  
Date

## Background Check Waiver

Print Applicant Name

DOB

Driver License Number

### Social Security Number

am an applicant for a position with Dickson Fire Department, I hereby authorize and direct your organization and employees to release any and all information possessed and obtained about me, including information deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge the Dickson Fire Department and its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request, and furnishing the information requested by the bearer of this authorization document.

I waive any rights to review or inspect any and all information developed in this investigation, in order for the results/responses to remain confidential. Please retain a copy of this document for your records.

**Applicant Signature**

**Witness Signature**

\*\*\* INTERNAL USE ONLY \*\*\*

## Approval

## Denial

Date