



Dickson Fire Department

Volunteer Firefighter Application

The Oklahoma Unity Bill regarding medical marijuana, states that firefighting is a safety sensitive position. Therefore, 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 Code

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

If "Yes" to either of the aforementioned questions, please in the space below.

Personal References

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

Name: _____ Relationship: _____

Ph#: _____

Name: _____ Relationship: _____

Ph#: _____

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 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

I _____, _____
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.

Dated this _____ day of _____, in the City/Town of _____
Year Name of City/Town

State

Applicant Signature

Witness Signature

*** INTERNAL USE ONLY ***

Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>	Date	<input type="text"/>
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