

Westmorland Volunteer Fire Department

230 W. Main St. Westmorland CA, 92281
Phone: (760) 344-5346
Fax: (760) 344-5307
Email: wmlfire@gmail.com

Volunteer Firefighter Application

Applicant Information

Application Date: ____/____/____

Name: (First) _____ (Middle) _____ (Last) _____

Mailing Address: _____

City: _____ State: CA Zip Code: _____

How long have you lived at the above address? _____

If less than one year, list previous address: _____

Date of Birth: ____/____/____ Social Security #: ____/____/____

Contact Numbers: Home: () _____ Cell: () _____

Do you have a valid driver's license?: Yes No State: _____
Please provide a copy

License #: _____ Classification: _____ Restrictions: _____

Work Information

Current Employer: _____ N/A (student or unemployed)

Employer phone #: () _____

Job Description: _____

What time of day do you work?

Day Night

What hours do you work?:

: to :

Would you be allowed to leave work to assist on fire calls?

Yes No

Education Information

Highest level of education: Some High School High School College

Name of school: _____

Did you receive a degree? Yes No If so, what type: _____

Firefighting Experience

Do you have previous firefighter training? Yes No

Department Name: _____ City: _____

Dates: From _____ To _____

Please explain the circumstances for your departure, if applicable.

Do you have any certifications? Yes No

List certifications: _____
Upon approval, we will need a copy of the certifications from you or the previous department.

Why do you want to join the Westmorland Volunteer Fire Department?

Background

Have you ever been convicted of a felony? Yes No

If yes please explain: _____

Medical History

Do you have any medical conditions that you are currently being treated for, or are taking medications for?

Yes No
List any medical conditions: _____

Will any of these limit your ability to perform the physical duties of firefighting?

Yes No
List any allergies: _____ Blood Type: _____

Are you an organ donor? Yes No

References

1. Name _____ Address _____ Phone # _____
2. Name _____ Address _____ Phone # _____
3. Name _____ Address _____ Phone # _____

Emergency Information

Emergency Contact

Name: _____ Phone Number: () _____

Address: _____

Relationship to you: _____

I UNDERSTAND that Westmorland Volunteer Fire Department operates on a 100% volunteer only basis, which means that I will receive no compensation for my service at Westmorland Volunteer Fire Department.

I CERTIFY that all the statements made in this application are true and correct to the best of my knowledge. I give Westmorland Volunteer Fire Department and its agents the right to investigate all information given and to secure additional information, if necessary. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that if I am approved, any intentionally false statements made on this application will be a cause for dismissal.

I REALIZE that my application cannot be processed if any part of this application has not been completed.

I FURTHER understand that completion of this application does not guarantee me a position and does not obligate Westmorland Volunteer Fire Department to me in any way.

I UNDERSTAND that I may be required to take and pass a drug test prior to being accepted and may be asked to take a random drug test at any time as a member of Westmorland Volunteer Fire Department.

Signature of Applicant: _____

Date: _____

For Office Use Only:

Criminal Background Check Completed: Date _____

Initial: _____

DMV Driving Record Completed: Date _____

Initial: _____

Approval:

Chief: _____

Date: _____



CITY OF WESTMORLAND
355 South Center Street • Post Office Box 699
Westmorland, California 92281
Tel: (760) 344-3411 • Fax (760) 344-5307
westcityusa@roadrunner.com
www.cityofwestmorland.net/index

RELEASE AUTHORIZATION INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND INVESTIGATION DATA

CANDIDATE NAME:

I understand that I am authorizing an extensive investigation into all aspect of my personal, medical and psychological fitness, and that such investigation will include contacting persons and/or organizations that have information relating to my fitness. I further understand that this background investigation includes a credit check and that negative credit information may be considered as part of this process. I understand that under the law I am entitled to a copy of the credit report. I also understand that those persons and/or organizations may feel inhibited, intimidated, or otherwise reticent about furnishing information concerning my fitness unless confidentiality of their information be guaranteed on a permanent basis.

I further recognize that although some of the information contained in this report is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I have also been informed that because this background investigation is either mandated by law, responses from persons contacted, whether solicited or unsolicited, may enjoy absolute privilege under California Civil Code Section 47.

Therefore, I exonerate, release, and discharge both my prospective employer, their officers, agents, or assigns, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents, or assigns, for their refusal to make available any and all information contained in this pre-employment investigation declared confidential pursuant to law, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify that person.

I have had adequate time to review this form, I understand its meaning and purpose and have been furnished a copy of it pursuant to California Labor Code Section 432. A photocopy of this document is valid for all legal purposes.

This release is valid for 120 days from the date of signature.

Dated this _____ day of _____, 20____

In the County of _____ within the State of California.

► _____
Candidate Signature

NOTE: A current DMV driving record must be provided prior to employment.



CITY OF WESTMORLAND

355 South Center Street • Post Office Box 699

Westmorland, California 92281

Tel: (760) 344-3411 • Fax (760) 344-5307

westcityusa@roadrunner.com

www.cityofwestmorland.net/index

Agreement and Release of Liability for the City of Westmorland Volunteer Fire Department

By registering myself to do community service volunteer hours, I agree to indemnify and hold harmless the City of Westmorland and its officers, agents, or employees from any liability or claim or action for damages that may arise out of participation in the use of this facility by the participant of this program. I am aware that I should be in good physical shape.

I AM AWARE THAT THERE IS NO INSURANCE OF ANY KIND THROUGH THE CITY OF WESTMORLAND TO COVER MYSELF. I AM AWARE THAT IT IS RECOMMENDED THAT I HAVE MY OWN PERSONAL HEALTH INSURANCE. I HAVE READ CAREFULLY THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF LIABILITY AND BY SIGNING THIS FORM THAT I SIGN IT OF MY OWN FREE WILL.

Participant (Print)

Date

Participant (Sign)

Date

Parent/Guardian *Under 18 yrs. Must provide guardian signature

Date

Address

Home Phone

Cell Phone

City

State

Zip