

Application for Membership Tremontion City Fire Department

95 South 100 West
Tremontion, Utah 84337

Tremontion City Fire Department is a volunteer organization as part of Tremontion City Corporation. It shall provide equal opportunity for all applicants, which means all applicants will be considered based upon the individual's ability to perform the duty. Tremontion City does not discriminate against any applicant for employment because of race, color, religion, national origin, sex, age, disability, or veteran status, or any other protected classes which may exist under relevant state and federal law. Questions asked on the application are for job-related purposes only. All members have the responsibility to perform their duties in a non-discriminatory manner toward other members and to the public.

Tremontion City does participate in the E-Verify program and will provide the Social Security Administration and if necessary the Department of Homeland Security with information from each new employee's I-9 to confirm work authorization. E-Verify will not be used to pre-screen applicants.

(Please Print)

Date of Application _____

Name _____
Last First Middle

Address _____ Phone No _____
Street City State Zip Code

Do you live within the boundaries of Tremontion City? Yes No

Do you work within the boundaries of Tremontion City? Yes No

Are you employed now? Yes No Place of Employment _____ Shift _____

Have you discussed with your present employer that you may from time to time be willing and available for emergency call-outs at any time? Yes No

Can you travel if needed? Yes No

Have you been or are you now a member of the Fire Service? Yes No

Department Name _____ Service Dates _____

Are you currently a certified Emergency Medical Technician? Yes No EMT# _____

Are you currently a First Responder? Yes No

Do you currently have any Firefighter Certifications? Yes No Type: _____

Do you have any type of Hazardous Material Training? Yes No Type: _____

Special Skills and Qualifications (Summarize special skills and qualifications acquired):

Would you be willing to take part in training courses that would be offered as part of being a member of the Fire Department? Yes No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. Needs of this organization make the following conditions known: persons may be called out at any time of the day or night or any day of the week. I understand and accept these conditions of being a member. I understand, also, that I am required to abide by all rules and regulations of the organization and Tremonton City and be twenty-one (21) years of age prior to making application.

Signature of Applicant _____ Date _____

Fire Department Use:

Received Application Date: _____

Interviewed Applicant Date: _____

Approved _____ Rejected _____ Hire Date _____

Summary of actions:

AN EQUAL OPPORTUNITY ORGANIZATION
