



**North Sioux City
Fire Department
Application**
205 Sodrac Drive
North Sioux City SD 57049
605-232-4286

Applicant Information

Full Name: _____ DOB: _____
First Last MI

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Email _____

Male Female Height: _____ Weight: _____ Hair Color: _____ Scars/Tattoos: _____

Do you agree to a driver's license and criminal background check? YES NO
Driver's License #: _____ State of issuance: _____ Social Security # _____

Has your Driver's license ever been suspended or revoked? YES NO
If yes explain (State of revocation, reason, year, time of reinstatement)

Do you have any physical or health limitations that could restrict your ability to perform as a firefighter? YES NO
If yes, explain

Do you have any other commitments or responsibilities? YES NO
If yes, explain

Do you have any Fire Department Experience? YES NO
If yes, explain

Have you ever held an EMT or Paramedic Certification? YES, Currently YES, in the Past NO, never

NREMT # _____ State _____ State # _____

Are you legally authorized to work in the US? YES NO

Are you a United States Citizen? YES NO

Have you ever been arrested or detained by law enforcement? YES NO

If yes, explain

Have you ever been convicted of any felonies or misdemeanors? YES NO

If yes, explain

Education

High School Education _____ City/ State _____

Years attended _____ to _____ Did you graduate? YES NO

College/ Secondary Education _____ City/ State _____

Years attended _____ to _____ Degree/ Major _____

Did you graduate? YES NO

Please list any other skills or training you have received which you feel relate to this position

Employment

Current Employer _____ Phone _____

Job Duties _____ Supervisor _____

Dates of employment (MM/YR) _____ to _____ May we contact your employer YES NO

Reason for leaving _____

Previous Employment last five years :

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

Company _____ Job Duties _____

Dates _____ to _____ Reason for leaving _____

What hours do you typically work for your job? _____

Does your job take you out of town? If so how often? _____

What hours would you be available to respond to emergency calls? _____

Are you available on the last Wednesday of every month at 7 PM to attend monthly trainings? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain _____

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Medical Information/Emergency Contact

Primary Doctor _____ Phone Number _____

Preferred Hospital _____

Allergies _____

Medical Conditions _____

#1 Emergency Contact _____ Phone Number _____

Address _____

#2 Emergency Contact _____ Phone Number _____

Address _____

Questions That Help the Fire Department

How did you hear about our fire department? _____

What made you want to be a volunteer firefighter? _____

What do you hope to get out of becoming a firefighter? _____

Would you be interested in expanding your skills through additional training and certification classes? YES NO

If yes, explain any specific classes you have in mind or are interested in

Do you have any skills or abilities that would contribute to the fire department?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

I also authorize this department to obtain a driving history and criminal background check on myself.

Print Name _____

Date of Birth _____

Signature: _____

Date: _____

Thank You for Your Interest in Our Fire Department!

For Official Board Use

Date Interviewed: _____

Action Taken: ACCEPTED / DECLINED

Board President _____

Cadet Firefighter Parental Consent (If applicant is under the age of 18)

My son/daughter, _____, has my permission to be a Cadet Firefighter with the North Sioux City Fire Department. I give my consent to allow _____ to be a Cadet Firefighter and will not hold the North Sioux City Fire Department and First Responders responsible for any actions caused by my son/daughter that is not under the direction of a Department Officer or Advisor.

Cadet Signature and Date

Parent Signature and Date

Contract of Understanding

I and my son/daughter have read ALL the Cadet Firefighter SOP's and understand the guidelines set up to outline the purpose of the Cadet Firefighter. I and my son/daughter understand Cadet Firefighters serve as supporters of the North Sioux City Firefighters, to learn the basics of firefighting and to prepare them to become a full member at the age of 18. I and my son/daughter understand Cadet Firefighters are to follow all instructions from members of the North Sioux City Fire Department and that the general standard of conduct is to act in a manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful of other members (Cadet and Regular) and to all citizens as they are representing North Sioux City Fire Department. I and my son/daughter understand there is a "zero tolerance" policy regarding drug and alcohol use. I and my son/daughter understand that by signing this Contract of Understanding we are declaring that any violation of the SOP's is grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and are illegal by state law will be referred to the North Sioux City Police Department.

Cadet Signature and Date

Parent Signature and Date

The Dakota Valley School District has my permission to contact an Officer or Advisor of the North Sioux City Fire Department if My son/daughter, _____, is failing in any class. As to SOP # 140.2 stating that Cadets are required to maintain a C-Average in all school classes. Cadets will provide a copy of quarterly grades to cadet advisors for review. If Cadet is failing any classes, Cadet Advisor will contact parent/guardian and cadet to discuss a solution to the issue.

Cadet Signature and Date

Parent Signature and Date