



# City of Eudora Fire Department

## Volunteer Firefighter/EMT Application



Return completed application to Eudora Fire Dept. at 930 Main St., Eudora, KS 66025 or E-mail to [kkeiter@cityofeudoraks.gov](mailto:kkeiter@cityofeudoraks.gov)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Education: College Degree(s): \_\_\_\_\_  
 High School: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_  
 How long employed: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 How long employed: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 How long employed: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

References:	Name	Address	Phone
Please list three references not related to you	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	Name	Relation	Phone
<b>Emergency Notification:</b>	_____	_____	_____
	_____	_____	_____

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Certifications: (Preferred but not required for consideration)  
 \_\_\_ CPR \_\_\_ First Aid \_\_\_ Hazardous Materials \_\_\_ EMR \_\_\_ EMT \_\_\_ Paramedic/Nurse  
 \_\_\_ Storm Spotter \_\_\_ Firefighter 1 \_\_\_ Firefighter 2 \_\_\_ Fire/EMS Instructor \_\_\_ Other: \_\_\_\_\_

### Volunteer Firefighter Check List (please read and initial each statement)

- \_\_\_ I am physically and mentally capable of performing the duties of a firefighter including kneeling, crawling, walking, running, balancing, pulling, pushing, climbing and lifting up to 50 pounds.
- \_\_\_ I understand that I must demonstrate these abilities by taking part in a physical agility assessment.
- \_\_\_ I have no medical condition which would prevent me from operating as a firefighter.
- \_\_\_ I understand that I will be subject to a medical doctor's examination and drug screen.
- \_\_\_ I am aware that the fire department requires a criminal background check for all potential candidates.
- \_\_\_ As a fire department member, I understand that I must take and pass several firefighting courses requiring dedication and time.
- \_\_\_ I understand that I will be required to attend scheduled meetings and training sessions to maintain active membership.
- \_\_\_ I understand that the fire department is a para-military organization and that I will be required to obey the rules of the department and orders of the department's officers and senior firefighters.
- \_\_\_ I understand that being a volunteer firefighter means that I may be unexpectedly absent from home, work, school and events, and that I may miss sleep and meals.
- \_\_\_ I understand that the fire department mask requirements prohibit beards, long sideburns, and certain jewelry while an active member.
- \_\_\_ I understand that my application may be dismissed or declined at any time by the fire chief.
- \_\_\_ I have my own reliable means of insured transportation.
- \_\_\_ I have attached a copy of my current driver's license

**I certify by my signature that all the submitted information is true and complete, and that if any such submitted information found to be misrepresented or omitted, that my application may be dismissed or I may be terminated as a member of the department.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_