



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

Name: _____ Date: _____
 Address: _____ E-Mail: _____
 Contact Phone Number: _____ Date of Birth: _____
 Driver's License State & Number: _____ Social Security Number: _____

Education: High School: _____
 College Degree(s): _____

Current 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
Emergency Notification:	_____	_____	_____
	_____	_____	_____

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 ___ RN ___ FF1 ___ FF2 ___ 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, 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, Social Security Card and a second form of ID (passport, birth certificate, student or gov. photo id)

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: _____