

Westville Volunteer Fire Department

P.O. Box 211
 Westville, Indiana 46391
 219-785-2113 Fax: 219-785-2382

Membership Application

Instructions: Type or legibly print this application using black ink only. Sign and date the application. An incomplete application may affect you eligibility or experience credit.

General Information						
Last name	First name	Middle initial				
Street address	City	State		Zip		
Home phone	Work phone	Cell phone		Other		
Indiana Volunteer Firefighter's Association restricts membership from persons under 18 years of age. Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Can you perform the essential functions of this job without any accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give a detailed explanation on a separate sheet attached to the application. (A need of accommodation will not necessarily bar you from filling a volunteer position.)						
Have you been convicted of a crime within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain on a separate sheet of paper attached to the application. (A conviction will not necessarily bar you from filling a volunteer position.)						
Education						
Did you graduate from high school or receive a G.E.D. Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Name of college, university, Or vocational school	Major	Dates attended	Full years completed	Degrees conferred	Credit Hours	
		From To		Title Date		
Indicate any other trades, skills, licenses, or certifications you possess related to the position for which you are applying. Include state and expiration dates.						
Please give a brief explanation of why you want to be a volunteer for the Westville Volunteer Fire Department.						
References						
Name	Address				Phone Number	

Employment History

List your work experience for at least the last ten years including self-employment, military service, volunteer work, and periods of unemployment. Attach additional sheets if necessary. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience.

Most Recent Experience

Employer _____
Address _____
Position _____ No. of employees supervised _____
Supervisor _____ Phone number _____
Specific duties _____

Reason for leaving or considering the change _____

Other Experience

Employer _____
Address _____
Position _____ No. of employees supervised _____
Supervisor _____ Phone number _____
Specific duties _____

Reason for leaving or considering the change _____

Agreement, Certification, and Authorization

I hereby certify, under the penalty of perjury in the State of Indiana, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or I may be discharged from membership.

I authorize my current or former employers and all schools or education and technical institutions which I have attended to provide the Westville Fire Department representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting in the release of such information. My authorization and release from liability are knowing, intelligent, and voluntary acts.

I am willing to submit to the agility test during my probation period.

I understand that as a condition of membership I must provide documentation to prove my eligibility to obtain employment along with personal identification information, as required by the Immigration Reform and Control Act of 1986.

Signature of applicant _____

Date _____