

CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT, INC.

MEMBERSHIP APPLICATION

We consider applicants for membership without regard to race, color, religion, sex, national origin, marital status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Furthermore, due to insurance regulations, it is the policy of this department that all applicants be at least eighteen (18) years of age.

INCOMPLETE APPLICATIONS **WILL NOT BE CONSIDERED**

READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY AND PRINT ALL INFORMATION IN INK

Full Legal Name (Last, First, Middle)				Complete Address (Number, Street, City, State, Zip)			
Have you ever been known by any other name? Circle: YES NO							
Primary Phone:				Former Addresses (List all previous addresses in the past five (5) years, NOT including the above address)			
Secondary Phone:							
Other Phone:							
E-mail:							
Date of Birth:		Drivers License Information (Number, State, Expiration Date, and Class/Type)			Social Security Number		
Place of Birth:							
Current Employer (Include Address)				Position		Supervisor	Normal Hours/Days
Next Previous Employer (Include Address and Phone Number)				Position		Supervisor	Reason for Leaving
High School or GED Grad	College Graduate	Degree Level	Major/Minor	School Name and Location			
PREVIOUS FIRE/EMS EXPERIENCE: (Include Department Name, Address, Phone Number, Position held, Dates, and Supervisor's Name)							
Height	Weight	Eye Color	Vision	Corrective Lenses	Organ/Blood Donor	Local Physician	Tobacco Use
List all medications that you currently take:			List all environmental and/or medicinal allergies:			List all identifying scars and/or marks:	
<p>You will be required to submit a complete medical history questionnaire following any conditional offer of membership to this department, in accordance with the provisions of the Equal Employment Opportunity Commission (EEOC) and the Americans with Disabilities Act (ADA).</p>							
Emergency Contact Person (Last, First, Middle)				Home Phone		Work Phone	Other Phone
Address (#, Street, City, State, Zip)					Relation to you		

REFERENCES: (Three people whom you have know for at least two years **EXCLUDING relatives, roommates, or former employers**)
**** APPLICATIONS WITH INCOMPLETE REFERENCES WILL NOT BE CONSIDERED ****

FIRST AND LAST NAME	COMPLETE ADDRESS	YEARS KNOWN	DAYTIME PHONE

CRIMINAL HISTORY: (1) Have you ever been convicted under your current name or any other name of (i) a felony, or (ii) within the past five years of a misdemeanor which resulted in your imprisonment, or (iii) of any crime relating to morale turpitude? _____ If yes, give details below

Date	Court	Nature of Offense	Disposition

Do you currently hold any of the below listed licenses/certifications, or have you ever completed any of the listed classes? If yes, provide the requested information and proof of each.

	License #			Completion Date
Florida Paramedic				Florida Firefighter Minimum Standards
Florida EMT				40 Hour Volunteer Standards
				60 Hour Volunteer Standards
	Expiration Date			Medical First Responder
Advanced Cardiac Life Support				Shipboard Firefighting
Basic Cardiac Life Support				Rope and/or Technical Rescue
Basic Trauma Life Support				Vehicle Extrication
Pediatric Advanced Life Support				Fire Officer I and/or II
Neonatal Advanced Life Support				Tactics & Strategies I and/or II
				HAZMAT I and/or II
	Expiration Date			Company Officer
ACLS Instructor				Fire Service Instructor
BCLS-C Instructor				Building Construction
BTLS Instructor				Plans & Blueprint Reading
PALS Instructor				Building Codes & Standards
NALS Instructor				Fire Prevention Practices
				Fire Safety Inspector
	License #		Issued By	Smoke Diver
Open Water Diver				Incident Command
Advanced Open Water Diver				Confined Space
Rescue Diver				Pump Operator
				Apparatus Operator

CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT INC

PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability.

(Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol.

It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.

This policy statement is to be given out with all job applications.

PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____

DL # _____

*****PLEASE INCLUDE DRIVERS LICENSE COPIES AND
CERTIFICATION COPIES WITH APPLICATION*****

**CAPE CANAVERAL VOLUNTEER
FIRE DEPARTMENT, INC.**

**MEDICAL & AGE
CERTIFICATION**

We consider applicants for membership without regard to race, color, religion, sex, national origin, marital status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Furthermore, due to insurance regulations, it is the policy of this department that all applicants be at least eighteen (18) years of age.

As outlined and required in Florida Statute 401 and the Florida Department of Health and Rehabilitative Services Division of Emergency Medical Services Chapter 10D-66, as they relate to organizations providing pre-hospital Advanced Life Support Emergency Medical Care, the following affidavit must be signed by all applicants and maintained by the Department.

I, _____ do hereby certify that:
(PRINT First Name, Middle Name, Last Name)

1. I am free from any physical or mental defect or disease that may impair my ability to perform my assigned duties with the Cape Canaveral Volunteer Fire Department, Inc, and
2. I am free from addiction to alcohol and/or any controlled substance, and
3. I am at least eighteen (18) years of age.

I hereby authorize the CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT and/or it's agents to contact any person or entities where I may have been employed or those who may have information regarding my suitability for membership, and hereby authorize all persons and/or entities to provide the CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT with any and all information it deems pertinent to my former employment and/or association with them as it relates to my character and/or morale integrity. I authorize the CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT and/or it's agents to contact any and all law enforcement agencies, or any other source of information it deems necessary to ascertain any and all criminal history that I may have. I authorize inquiries as to my character, reputation, and ability, and release those supplying and/or using such information from any and all legal or civil liability. Furthermore, I attest that all information provided on this application is true and correct to the best of my knowledge, and that falsification and/or misrepresentation of information contained on this application may result in my application being declined or removal from the Department once and if accepted.

Signature Date

FOR DEPARTMENT USE ONLY						
COMMENTS:						
Date Received	SO #	CCVFD ID	BB/BS	Start Date	Stop Date	Reason Left