## VAN METER FIRE & RESCUE DEPARTMENT 505 Grant Street Van Meter, IA 50261 515-996-9253

## PERSONAL INFORMATION (PLEASE PRINT IN INK)

AME D.O.B			
ADDRESS			
Street CONTACT NUMBERS: H;		State C:	Zip Code
What is the best time to call you? _			
Driver's license number/ state/c	lass		
Have you previously applied wit If YES, dates		•	<u> </u>
EMPLOYMENT HISTORY			
Employer's Name		When	
Phone Number Supervisor			
Hours per week			
Previous Employer's Name	When		
Phone Number Supervisor			
EDUCATIONAL INFORMA	ATION		
Circle the highest grade comple 1 2 3 4 5 6 7 8 9 10 11 12 13 14 Name of High School	<b>1</b> 15 16 +		
Location:			
Name of College:			
Location:	Major	De	egree
List any relevant certifications, staken	•	<b>.</b> .	
List any firefighting or EMT expe			
Physical Requirement Can you lift and or carry minimum	ım of 50lbs Yes No		
List any physical limitations or s	surgeries that may affect your	ability to perform duties:	
Family physician:	Address:	· · · · · · · · · · · · · · · · · · ·	
Do you have a hospital preferer			
Emergency Contacts	<u> </u>		
Name:	Relationship:	Number:	
Name:	Relationship:	Number	

Have you ever been known by another name or combination of names: Yes No
If yes, please list:
Have you ever had a driving violation, DUI or DWI? Yes No
If yes, date of incident: City/County of occurrences:
Explain why you would like to become a member of Van Meter Fire & Rescue:
CONVICTION INFORMATION  Information requested on your application that is defined by State Statute as public may be released on request and includes: job history, education and training, relevant test scores, and work availability. If you are selected as a finalist for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible acceptance. I authorize investigation of all statements contained in this application as may be necessary to arrive at a decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of volunteer status without notice or benefits. Moreover, I hereby release the City of Van Meter and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. The existence of a criminal conviction record will not automatically disqualify you, though certain types of criminal convictions may prohibit you from working in certain positions. Before any applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by lowa Statute.  Have you ever been convicted of a misdemeanor, a felony or other violation of law that has not been annulled, expunged, set aside, purged, sealed or dismissed?
YESNOExplain
IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION READ and SIGN The City of Van Meter is committed to the policy that all persons have equal access to its programs, services, activities, facilities and employment without regard to race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation or status with regard to public assistance. Please furnish us with complete information. An incomplete application may reduce your opportunity with the Van Meter Fire Department. You are encouraged to attach any additional information which you believe qualifies you for the position. Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy. Failure to follow Van Meter Fire & Rescue standard operating procedures (S.O.P'S) and standard operating guidelines (S.O.G.'S) or the use of drugs / alcohol while in service or conviction of any crimes, can and will result in disciplinary action may include dismissal from the department.
Applicant's Signature Date

## References: (may be personal or business) List at least three

Name:	Address:	
Phone:	Relationship:	
Name:	Address:	· · · · · · · · · · · · · · · · · · ·
Phone:	Relationship:	
Name:	Address:	
Phone:	Relationship:	<del></del>
Name:	Address:	
Phone:	Relationship:	
List any additional informati	on that you feel we should know:	
Name of the contract of the co		<u></u>
*****		
		<del>.</del>