

APPLICATION FOR MEMBERSHIP WITH THE OLIVE VOLUNTEER FIRE DEPARTMENT

43526 West 95th Street South
Drumright, OK 74030
918-352-4040
olivefire@msn.com



We seek forward thinking, fast paced, disciplined individuals interested in making a difference in the community as a professional emergency responder. In addition to having the satisfaction of being able to help someone in need, all members are provided uniforms, equipment, training and covered by general liability insurance, vehicle operator insurance, workers compensation, line-of-duty death benefits, membership to the state firefighter associations and state earned performance-based tax credit incentives. Applicants who possess certain fire and/or emergency medical certification may receive preference upon successful completion of the comprehensive application process.

Entry Level Requirements: 1. 18 years of age or older, 2. Live within 30 road miles of the fire station, 3. Be of good moral character, 4. Be in good physical condition (pass a medical physical), 5. No felony or certain misdemeanor convictions, 6. Possess a valid driver's license, 7. Submit a written application, 8. Pass a state and federal background check, 9. Pass a physical agility test, 10. Pass an Interview and 11. Pass a membership vote. You must be able to respond to emergencies, participate in non-emergency activities and attend monthly meetings and training.

***** INSTRUCTIONS *****

1. You must attach copies of your driver's license, your driving record obtained from the DMV and any certificates/training records related to emergency services if any.
2. You must obtain a medical physical and have a state licensed doctor sign page 4 of this application.
3. Please type or print legibly- use black ink only.
4. If you need additional space, feel free to attach additional sheets.
5. You are advised that you have a right to decline to answer any questions contained in this application however you are advised that if you decline to answer such question or questions you may be disqualified. By answering any question, you waive your right to later object to giving such answer because of violation of your right of privacy or for any other reason.
6. Incomplete or inaccurate answers or documents may be grounds for disqualification or removal.
7. This application must be signed and returned prior to conducting your background check, scheduling of your physical agility test, interview and membership vote.

The Olive Volunteer Fire Department adheres to the equal employment opportunity guidelines set forth by state and federal laws. Applicants are considered for membership without regards, to race, color, religion, age, national origin, material, veteran status or disability. Applicants must be able to perform the essential job functions of a firefighter. This job classification has been designated as a safety sensitive job.

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PERSONAL INFORMATION HISTORY

Full Name (First, Middle, Last)		Social Security #		Date of Birth	
Present Address			City	State	Zip Code
Cell Phone #		Cell Phone Provider		Email	
Height	Weight		Eye Color		Hair Color
Married <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse Name		# of Children	
List any social medial accounts:					

EMPLOYMENT HISTORY (LAST 3 YEARS BEGINNING WITH CURRENT JOB)

Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Legally Authorized to Work In the US? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
If You Answered No to Any of the Above Explain:																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Dates</th> <th style="width: 30%;">Name & Address</th> <th style="width: 25%;">Position</th> <th style="width: 30%;">Reason for Leaving</th> </tr> </thead> <tbody> <tr> <td>To: _____ From: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>To: _____ From: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>To: _____ From: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>To: _____ From: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>To: _____ From: _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Dates	Name & Address	Position	Reason for Leaving	To: _____ From: _____				To: _____ From: _____				To: _____ From: _____				To: _____ From: _____				To: _____ From: _____			
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Are You a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch?		Status? <input type="checkbox"/> Active <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other-																									

EMERGENCY SERVICES EMPLOYMENT HISTORY

Previous Emergency Services Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Applied with Us Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Related to Any Member of the OVFD? <input type="checkbox"/> Yes <input type="checkbox"/> No Who:																	
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EDUCATION HISTORY

School	Name & Location	Years Attended	Did You Graduate?	Subject Studied
Elem. School				
High School				
Technical				
College				
Other				
Special Training or Skills				

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DRIVERS LICENSE HISTORY

State and Number	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Date Expires
Endorsements/Restrictions	Has your license ever been suspended/revoked/denied? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain	

PHYSICAL FITNESS HISTORY (SEE PAGE 4 FOR JOB FUNCTIONS BEFORE ANSWERING)

Do you have any disabilities, which may affect your work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you had a serious illness or operation in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
After reviewing the job description attached, are you able to perform the essential job functions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Explain
I acknowledge I must obtain a medical physical prior to membership. <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Explain
I acknowledge that I must successfully complete a physical agility test prior to membership. <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Explain

COURT RECORD HISTORY

Have you ever been arrested for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you ever been on any type of probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you ever received a traffic citation as a driver of a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you ever been involved as a driver in a motor vehicle collision? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Have you ever been involved in a civil litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Explain
Will you submit to a drug/alcohol test prior to membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Explain
Will you submit to a polygraph examination to verify the above answers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No Explain

REFERENCE HISTORY (MINIMUM OF 3 NON-RELATIVES OR EMPLOYERS)

Name	Phone #	# of Years Known	Type of Relationship

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and that any false statements on this application or documents attached to this application shall be grounds for disqualification and/or dismissal. I authorize a full investigation on myself and give you any and all information concerning my pertinent information that may have personal or otherwise and release from all liability for any damages that may result from utilization of such information. I also understand and agree that no representative has any authorization to enter into any agreement for membership for any specified period of time or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized representative. This waiver permits the release or use of any civil, criminal, credit, employment, social media sites, medical, etc. information on myself in a manner relevant by federal or state laws. I understand that I must successfully complete the background check, medical physical and physical agility test prior to any interview or membership vote. By sign below I understand and agree to the terms of this application.

Applicant Signature: _____ Date: _____

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FIREFIGHTER ESSENTIAL JOB FUNCTIONS AND MEDICAL PHYSICAL CLEARANCE

You must be able to do the essential job functions reflecting the physical, physiological, intellectual, psychological demands of the occupation including:

- ✓ Risk your own life for someone else's.
- ✓ Performing firefighting functions such as but not limit to hose line operations, extensive crawling, lifting, and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles (PPE) and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged periods of time.
- ✓ Wearing an SCBA, which includes a demand valve-type positive pressure facepiece or filter mask, which requires the ability to tolerate increased respiratory workloads.
- ✓ Exposure to toxic fumes, irritants, particulates, biological and non-biological hazards, and/or heated gases, despite the use of PPE including SCBA.
- ✓ Climb flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
- ✓ Wearing fire protective ensemble that is encapsulating and insulating. Wearing this clothing will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 100.0°F.
- ✓ Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
- ✓ Advancing water-filled hose lines up to 5 inches in diameter from fire apparatus to occupancy; can involve negotiating multiple flights of stairs, ladders, and other obstacles.
- ✓ Operating heavy hydraulic rescue tools to remove injured victims from machinery or other rescue incidents.
- ✓ Climbing ladders, operating from extreme heights, walking, or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
- ✓ Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
- ✓ Operating fire apparatus or other vehicles in an emergency or non-emergency mode.
- ✓ Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments including hot, dark, tightly enclosed spaces, further aggravated by fatigue, flashing lights, sirens, and other distractions.
- ✓ Ability to communicate by receiving and comprehend verbal orders while wearing PPE and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems.
- ✓ Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.
- ✓ Administer medical first aid or cardiopulmonary resuscitation to adults, children or infants.
- ✓ Be in the presence of severely injured or deceased victims.
- ✓ Attend and participate in meetings, training, community events, work details, etc.
- ✓ Shall report to the fire chief or designee through the chain of command.
- ✓ Meet NFPA 1582 standards.
- ✓ May be required to perform other duties or responsibilities not listed.
- ✓ This job classification has been designated as a safety sensitive job.

I, _____, a certified and state licensed MD/DO certifies that this applicant is healthy and can perform the above duties as a firefighter. Use reverse side to make any comments about applicants' medical condition(s).

Signature and OSDH License #

Date

Phone #