

**McCall Fire and EMS
Volunteer/Part-Time Employment Application**

(Volunteers must reside within McCall Fire's response area to apply)

**All fields must be completed, including the Notification/ Release Information Form. Please attach a resume.*

***Applicants are subject to pre-employment drug and alcohol screening.**

Personal Information – All fields required

Name (Last, First, Middle)	Home Phone Number
Mailing Address and Physical Address	Cell Phone Number
City/ State/ Zip Code	E-Mail Address
Facebook Profile Name: (or other social media sites) Personal webpage or Blog?:	Are you authorized to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No

Current Employment

Dates From To	Company Name	City, State
Titles and Duties –		
May McCall Fire contact current employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors Name:	Phone Number:
	Company Address :	

Employment History

Dates From To	Company Name	City, State
Titles and Duties –		
Reason For Leaving:	Supervisors Name:	Phone Number:
	Company Address :	

Employment History (continued)

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason For Leaving:		Supervisors Name:	Phone Number:
		Company Address :	
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason For Leaving:		Supervisors Name:	Phone Number:
		Company Address :	

Job References - *Fill out all information

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:

Personal References – *Cannot be family members

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
Relationship and Years Known:	Relationship and Years Known:	Relationship and Years Known:

Essay Question - *Complete on separate paper. Keep your response between 50 – 200 words.

1. Why do you want to volunteer with McCall Fire?

Education and Training

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Name & Location	Diploma/ Degree
College/ University		
College/ University		
Specialized Courses And Training		
Specialized Courses And Training		

Criminal History

<p>Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p> <p>Have you ever been convicted of a driving infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes explain:</p>

Military Experience

Dates From	To	Branch:	Title
Type of Training and Duties:			Type of Discharge:

(Submit DD214 form with application)

Additional Information

<p>Any Additional Comments about yourself (Training, Skills, Certifications, etc.):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Acknowledgement and Authorization

<p>I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree to participate in pre employment drug screening, and I understand that my future employment is contingent on a negative drug test. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the McCall Fire Protection District.</p> <hr/>
--

Signature of Applicant

Date

Confidential Investigations – Notification/Release Information

The purpose of this form is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. The release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of the consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 10 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Write In Black Ink Only!

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____-____-____

Driver's License # _____ State _____ Phone # (day) (____) _____

Professional License Held _____ State _____ Lic. # _____

Current address _____ City _____ State _____ ZIP _____

Date ____/____ to ____/____

List other cities or towns you have lived in the past 7 years. Use additional form if necessary.

Address _____ City _____ State _____ ZIP _____ Dates ____/____ to ____/____

Address _____ City _____ State _____ ZIP _____ Dates ____/____ to ____/____

Signature _____ Today's Date ____/____/____

To be filled out by company requesting information

Company Name: _____

Return Info To: _____ Via Fax # (____) _____ or e-mail _____

Information Requested Please check all that you wish completed:

Criminal Civil History Credit Report Social Security Verification Driving Report

Educational Verification Reference Check National Wants & Warrants Professional License Verification

Previous Employer Verification

Disclaimer:

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Confidential Investigations, and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Confidential Investigations can only rely on its accuracy from public records data sources presently available at the time of search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Confidential Investigations, its sources, officers, agents or employees. Furthermore you agree to indemnify Confidential Investigations, its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history, credit history and/or worker's compensation claim history.