

WEST FARGO FIRE DEPARTMENT

106 1ST ST W.
WEST FARGO, ND 58078
701-433-5380

APPLICATION FOR MEMBERSHIP

Fill out completely using ink. Please be accurate in filling out the form because falsification or misinformation is justification for removal from membership. PLEASE PRINT OR TYPE.

NAME (LAST)	FIRST	MIDDLE	
PRESENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
PREVIOUS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
CONTACT PHONE NUMBER	ALTERNATE PHONE NUMBER		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN KNOW BY ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE ANY OBJECTIONS TO A CRIMINAL BACKGROUND CHECK BEING CONDUCTED BY STATE AND LOCAL OFFICIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

MILITARY SERVICE	
HAVE YOU EVER SERVED IN THE ARMED SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", BRANCH _____	
DATES OF SERVICE: FROM / / TO / / TYPE OF DISCHARGE _____	

EDUCATION & TRAINING	
CIRCLE THE HIGHEST SCHOOL GRADE COMPLETED	
HIGH SCHOOL	COLLEGE
9 10 11 12	1 2 3 4
DEGREES OBTAINED OR AREAS OF STUDY: _____	
LIST ANY JOB-RELATED SCHOOLS ATTENDED OR VOCATIONAL TRAINING RECEIVED _____	

EMPLOYMENT

NAME OF EMPLOYER	TYPE OF BUSINESS
ADDRESS	PHONE NUMBER
JOB TITLE	STARTING DATE

SKILLS

Have you ever been a member of another Fire Department? Yes _____ No _____

If Yes, which department and dates served: _____

Have you had any firefighter training outside the fire service: Yes _____ No _____

If Yes explain _____

REFERENCES

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number

Do you have a valid North Dakota driver's license? Yes _____ No _____

Do you have any physical limitations that may affect your ability to carry out the duties of a firefighter? Yes _____ No _____

If "Yes" please explain _____

I understand that prior to acceptance or answering any fire call I must pass the required physical agility test and drug test as prescribed by the West Fargo Fire Department and administered by MeritCare Occupation Health System. I understand that the initial cost will be paid by the West Fargo Fire Department. Any additional or follow-up testing may be the responsibility of the applicant.

I understand any physical agility testing will involve vigorous physical testing that can cause serious injury or even death. With a full understanding of the potential risks, I ASSUME THE RISKS OF VOLUNTARILY PARTICIPATING IN PHYSICAL AGILITY TESTING. On behalf of myself, my successors, assigns, heirs, and representatives, I WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND INDEMNIFY, the West Fargo Fire Department and MeritCare Occupation Health System regarding any liabilities or claims for personal injury, death, or damages of any kind arising out of my participation in physical agility testing, except those liabilities or claims that arise out of the sole negligence of the West Fargo Fire Department or MeritCare Occupation Health System, or their officers, employees, agents, or representatives.

I also authorize the West Fargo Fire Department to make a through investigation of all statements contained in this application, by employment, education and other activities, and I release from all liability all persons, companies and corporations supplying such information. I hold harmless and indemnify the West Fargo Fire Department against any liability which might result from making such investigations. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of membership made to be by the West Fargo Fire Department may be terminated.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability, marital or veteran status, or any other protected status.

The West Fargo Fire Department is a non-profit volunteer department. Its records along with this application are subject to open records laws.

I hereby acknowledge that I have read the above statement and understand it.

SIGNATURE (ACKNOWLEDGMENT)

DATE