

Application – the following pages contain our membership application. Please fill it out in its entirety, and return to us at:

BTFD
3503 Scottie Ln
Manhattan, KS 66502

If you are unsure on immunization information, that can wait until you are accepted into membership, but will be required before you can participate in responding to medical emergency incidents (about 60-80% of our call volume).

Once your application is received, we will review it, check references and related items as needed. If it is decided to continue to process your application, one or more Department officers will contact you to set up an interview time. After that interview they will forward the application to the Chief with a recommendation regarding whether to hire you, and if you are selected, the Chief will contact you to set up an appointment to meet you, finish paperwork, issue equipment, and get you officially onto the Department.

Best wishes!

Work and Education/Training History

Current Employer _____

Their Address _____

Current Supervisor _____ **his/her phone #** _____

Your work phone number _____

Current Position _____ **Years in this position** _____

Total years with this employer _____

Previous Employer _____

Their Address _____

Supervisor _____ **his/her phone #** _____

Position _____ **Years in that position** _____

Total years with previous employer _____

Highest Level of Education Completed (circle) GED high school diploma
Some College Associates Degree Bachelor's Graduate degree
other (please specify) _____

Have you served in the US Military? _____ **Total years** _____

Type of Discharge _____ **Rank at discharge** _____

Do you have any experience or training or current certifications in: (circle any that apply, and if applicable, attach copies of certifications) Fire fighting EMS rescue
Law Enforcement First Aid CPR Hazardous Materials

Describe any special skills that may benefit you/us in this position

Health History

To comply with OSHA and Centers for Disease Control, we must have records of your immunization status on file. Also, firefighting is a physically demanding task, that can present specific hazards in the event of certain types of pre-existing health problems. To determine if you can safely participate in the activities of the Department, it is necessary to ask you certain health questions. This information will remain in your confidential personnel file, and will not be released without your express consent. The existence of a pre-existing health condition does not in and of itself exclude you from membership, but must be evaluated by yourself, the Department officers, and in some cases your physician to determine if it is appropriate for you to become a firefighter.

Immunization Records

Date of last *TB test* _____ Results _____

Measles vaccination: CDC regulations state that you must either have proof of a Rubella and Rubeola Titer showing immunity (a blood test showing you are immune), **or** have had a Rubella Vaccine if born prior to 1957, **or** have had two (2) MMR vaccines if born after 1957. These are available from your physician **or** the County Health Department if you have not had them.

Date of MMR #1 _____ Date of MMR #2 _____
OR

Date/evidence of positive titer _____

Have you ever had Varicella (chicken pox) or the vaccine for it? YES NO If yes, date _____

Do you have any other physical or mental health conditions that may limit your ability to perform any of the duties of a firefighter, including the wearing of a respirator during hard physical exertion, lifting heavy objects, climbing a ladder, or working in a smoky environment? YES NO
Examples would include:

Heart Attack	Heart Disease	High Blood Pressure
Diabetes	Respiratory or Lung Disease	Seizures
Strokes	Back or spinal injury or problems	
Reduced cardiac or respiratory function		

If yes, further evaluation and information may be needed, and will be maintained in a confidential manner, and used only for determining whether health issues would interfere with your ability to safely and effectively function as a firefighter.

Petition for Membership

I hereby acknowledge that all of the information contained in all portions of this application is true and correct to the best of my knowledge. I understand that falsification of any portion of the application or supporting documents will be grounds for immediate dismissal or rejection of my application. I desire to be an active part of the Blue Township Fire Department, and request that I be accepted into membership. If selected for membership, I will endeavor to the best of my ability to abide by the Bylaws, Policies and Procedures and Standard Operating Guidelines of the Department, and any applicable Local, State, and Federal statutes and regulations as I strive to help fulfill the vision and mission of the Department. I understand that if selected, I will start with a six month probationary period, during which time I can evaluate the Department, and the Department can evaluate me while I learn my new job, and that this time is a training period during which my initiative and involvement will be scrutinized, and during which I will not function independently during emergency operations. I will attend the majority of meetings and training sessions throughout my membership, and will respond to as many alarms as I am capable. With these things in mind, I desire to join, and request membership on the Blue Township Fire Department.

Applicants Signature

Date