

**Membership Application  
Blue Township Fire-Rescue  
Pottawatomie County Fire District #5  
Manhattan, Kansas**

**Personal Information**

**Full Name** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street and number City State and zip if not local

**Telephone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Alternate contact # (cellular, pager, fax, etc.)** \_\_\_\_\_

**Are you a US Citizen?** \_\_\_\_\_ **Social Security Number (required)** \_\_\_\_\_

**If not, please attach documentation showing that you may be legally employed in the US.**

**Are you 18 years of age or above?** \_\_\_\_\_

**How did you hear about or decide to apply with our Department?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any friends or relatives already with our Department**  
\_\_\_\_\_

**Please tell us a little about yourself, why you would like to join our Department, and what you believe you have to offer us.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next of Kin/Person to notify in case of emergency:**

\_\_\_\_\_  
Name Relationship Phone number

**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 (check)**

- 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: (check 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Motor Vehicle Record/Criminal Background Check

All new member applicants will undergo a background check to confirm a valid Kansas Operators License, check traffic/motor vehicle records, criminal records, and warrants. Applicants with felony convictions, serious or multiple traffic offenses, outstanding warrants, multiple, recent, or serious misdemeanor convictions, current charges or indictments, or other such records that would tend to indicate a disrespect for the law or for the person or property of others, or a lack of integrity and trustworthiness, or a lack of safe driving skills may be denied membership or have an offer of membership withdrawn. The nature, frequency, severity, and length of time since the offense(s) will all weigh into the decision, which must be made on a case-by-case basis. Such deliberations and the records of the background check shall be maintained in a confidential manner, as part of the applicant/employee's permanent confidential personnel file, and not disclosed publicly unless so requested by the applicant or employee involved.

**Kansas Operator License Number** \_\_\_\_\_

**Commercial?**     Yes     No                              **Class**    **A**   **B**   **C**   **D**   **M**                              **Expiration Date** \_\_\_\_\_

**Personal Vehicle Make and model** \_\_\_\_\_

**License number** \_\_\_\_\_

Number

State

**Vehicle Insurance Carrier** \_\_\_\_\_

**List all moving violation convictions or diversions within the last three years, including date, charge, and disposition**

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**Have you ever been convicted of, plead or plea bargained to, or been granted a diversion on DUI/DWI, Vehicular assault or battery or manslaughter, reckless driving, or fleeing and eluding?**     YES     NO  
If yes, attach explanation.

**Have you ever had a driver's license suspended, cancelled, or revoked in any state?**     YES     NO  
If yes, attach details

**Have you ever been convicted of, court marshalled for, plead or plea bargained to, or been granted a diversion on a misdemeanor or felony other than a traffic infraction?**     YES     NO  
If yes, attach an explanation of date, charge, circumstances, and disposition.

**Do you use any illegal drugs and/or are you addicted to any legal or illegal drug, including alcohol?**     YES     NO  
If yes, attach a detailed explanation.

I hereby authorize the Blue Township Fire Department, former employers, creditors, and any law enforcement agency requested to assist, to conduct an investigation into my motor vehicle/traffic record, criminal record, military record, credit check, and employment history, including checks of Department of Motor Vehicles records and any criminal databases, including those of the National Crime Information Center. I understand that falsification of any of these records will be grounds for my dismissal, the rejection of my application, or the withdrawal of an offer of membership. I further release from responsibility all involved in conducting this check and authorize them to release this information to the Blue Township Fire Department. I understand that this information will remain a permanent part of my confidential personnel file and will not be further released without my express authorization.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## 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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heart Attack                            | <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Respiratory or Lung Disease       | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Strokes                                 | <input type="checkbox"/> Back or spinal injury or problems |  |
| <input type="checkbox"/> 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.

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Applicants Signature

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Date