CITY OF LECLAIRE, IOWA
FIRE & RESCUE

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MEMBERSHIP APPLICATION

GENERAL PURPOSE:

- Protects life and property by performing fire fighting, emergency aid, hazardous materials, and fire prevention duties.
- Maintains fire equipment, apparatus, and facilities.
- Firefighters have the responsibility for the protection of life and property from the hazards of fire or other hazardous environments.
- Performs a variety of duties including fire prevention, suppression, rescue, and disaster services to prevent or minimize the loss of life and property by fire or disaster conditions.

SUPERVISION RECEIVED:

- Works under the guidance and direction of the Fire Chief and/or senior officer.

ESSENTIAL EMERGENCY RESPONSE DUTIES AND RESPONSIBILITIES:

- Performs firefighting activities including, laying hose, and performing fire combat, containment and extinguishment tasks.
- Performs emergency aid activities including administering first aid and providing other assistance as required.
- Performs salvage operations such as throwing salvage covers, sweeping water, and removing debris.
- Responds to fire alarms and extinguishes or controls fires as a member of a team under the supervision of an officer.
- Selects, drags, lifts and carries hose and nozzle depending on the type of fire, and correctly applies a stream of water or chemicals onto the fire.
- Positions and climbs ladders to gain access to upper levels of buildings or assist individuals from burning structure.
- Creates openings in buildings for ventilation or entrance using appropriate and available manual and power tools.
- Protects property from smoke and water damage using positive pressure ventilation, salvage covers, smoke ejectors, and deodorants.

- Wears appropriate protective clothing and equipment, including self-contained breathing apparatus.
- Able to communicate with two-way communications systems.
- Attends all required training and meetings.
- Maintains self discipline.

The examples of the above listed duties are intended only as illustrations of the various types of work performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

PERIPHERAL STAFF DUTIES:

- Participates in fire drills, attends classes in firefighting, emergency medical, hazardous materials, and related subjects.
- Attends regular and assigned training sessions to maintain and upgrade firefighting skills.
- Participates in the inspection of buildings, hydrants, and other structures in fire prevention programs.
- Maintains fire equipment, apparatus and facilities.
- Performs minor repairs to departmental equipment.
- Performs general maintenance work in the upkeep of fire facilities and equipment; cleans and washes walls and floors; cares for grounds around station; makes minor repairs; washes hose; washes, cleans, polishes, maintains and tests apparatus and equipment.
- Presents programs to the community on safety and fire prevention topics if trained.
- Attends conferences and meetings to keep abreast of current trends in the field; represents the LeClaire Fire Department in a variety of local, county, state and other meetings.

GENERAL KNOWLEDGE, SKILLS AND ABILITIES:

Graduation from high school or GED equivalent with no specialized training.

No specific work experience level required.

Ability to successfully learn and apply:

- The operation of fire, rescue and EMS tools and equipment.
- Standard firefighting, emergency aid, hazardous materials, and fire prevention techniques.
- Perform strenuous or peak physical effort during emergency, training or station. maintenance activities for prolonged periods of time under conditions of extreme heights, intense heat, cold or smoke.
- Ability to act effectively in emergency and stressful situations.
- Ability to follow verbal and written instructions.
- Ability to establish and maintain effective working relationships with other members, other agencies, and the general public.

SPECIFIC REQUIREMENTS:

- Must be eighteen (18) years of age or older at the time of hiring.
- At the time of hire must possess and maintain a valid Iowa State Driver's license without record of suspension or revocation in any state.
- No felony convictions or disqualifying criminal histories.
- Must live or work within the LCFD portion of the 1st Fire District.
- Ability to communicate effectively orally and in writing in the English language.
- Ability to meet departmental physical standards, pass the physical exam and the essential functions requirements.
- All prospective applicants must submit a written application for membership. Applicants may be denied membership pending the outcome of the criminal background check and driving record. All applicants will be interviewed prior to attending their first business meeting.
- Applicants must attend a business meeting to introduce themselves to the membership.
- All probationary members are must obtain a physical (at the city's choice of provider and expense) within 30 days of appointment and will be required to get a Hepatitis B vaccination. Any member who chooses to decline the Hepatitis B vaccination will be required to sign a waiver/release form.
- All members are expected to participate fully in any major project/function sponsored by the department such as:
  - Fire prevention week
  - Open Houses
  - City Events
- Each member of the department is expected to attend any department sponsored training.

Schedule:		
	1st Tuesday:	Truck Inspections
	2nd Tuesday:	Member Meeting/LCFA Meeting/Dinner
	3rd Tuesday:	Training
	4th Tuesday:	Training
	5th Tuesday:	Training (If Available)

- All probationary members are required to have current certification within their first year on the department:
  - Haz-Mat Awareness
  - Bloodborn Pathogens
  - CPR (American Heart)

TOOLS AND EQUIPMENT USED:

Fire apparatus, fire pumps, fire hoses, other standard firefighting equipment, ladders, first aid equipment, rescue equipment, self contained breathing apparatus, radio, pager, personal computer, telephone.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by a member to successfully perform the essential functions of this job.

While performing the duties of this job, the member is frequently required to sit, talk or hear, stand, walk, use hand to finger, handle or operate objects, tools, or controls, and reach with hands and arms. The member is occasionally required to climb or balance, stoop, kneel, crouch or crawl. Necessary use of PPE (Personal Protective Equipment) including a SCBA (Self-Contained Breathing Apparatus) with a total additional weight of 60-70 lbs under strenuous conditions.

The member must frequently lift and/or move up to 20 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:
The work environment characteristics describe here are representative of those a member encounters while performing the essential functions of this job.

Work is performed primarily in outdoor settings, in all weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. The individual is exposed to hearing alarms and hazards associated with fighting fires and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, liquid chemicals, solvents and oils.

The member occasionally works near moving mechanical parts and in high, precarious places, and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, and risk of electrical shock.

The noise level in the work at a fire scene environment can be extremely high.

The member will experience dangerous, strenuous work conditions with high possibilities of disabling and/or life threatening conditions.

This job description does not constitute an employment agreement between the City and the member and is subject to change by the City as the needs of the City and requirements of the job change.

Position Applied For	Date of Application

Last Name	First Name	Middle initial
Address **Number**	**Street** **City**	**State** **Zip Code**
E-Mail: **Home:** **Cell:**		**Social Security Number** **DOB**

Best time to contact you at home is: _____AM _____ PM

Have you ever filed an application with us before? _____ If yes, give date _____

Have you ever been employed with us before? _____ If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____

If yes, state name and relationship _____

Are you currently employed? _____Yes _____No If yes, where_____

May we contact your present City? _____Yes _____No If yes, telephone # _____

What shift do you work? _____ 1ST _____ 2ND _____ 3RD

EDUCATION

School	Name and Address of School	Course of study	No. of Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Are you or have you been in the Armed Forces? Yes_____ No_____, If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at discharge_____

List Duties in the service including special training_____

_____

ADDITIONAL INFORMATION

List any other experiences, skills or qualifications that you have that you feel would be a help to our organization.

_____

_____

Have you been a member of any other volunteer or career EMS, Fire, Rescue or Law Enforcement Organization?
If Yes, please list them including level of training, rank, dates, address, phone number and supervisors name:

_____

_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

City	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/Salary			
	Starting	Final		
Starting/Present Job Title				
Supervisor		May We Contact Them	Yes	No
Reason for Leaving				

City	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/Salary			
	Starting	Final		
Starting/Present Job Title				
Supervisor		May We Contact Them	Yes	No
Reason for Leaving				

MEDICAL HISTORY

Do you have any health or physical limitations that would prevent you from performing the essential functions of this position as described? _____ YES _____ NO If yes, please explain: _____

_____

REFERENCES **(do not include family members or past supervisors)**

Name	Phone Number	Best time to call	Occupation

Why are interested in serving as a volunteer firefighter?

_____

_____

How did you learn about being a volunteer firefighter with the LeClaire Fire/Rescue department?

_____

_____

What are your hobbies or special interests?

_____

_____

What are you goals for the future and within the department?

_____

_____

CRIMINAL RECORD

You will be required to provide the City with a photo copy of your drivers licenses.

Have you **ever** been arrested? Yes ___ No ___

Are you currently or have you **ever** been on any form of Probation or Parole? Yes ___ No ___

Have you **ever** been charged, convicted, plead guilty or had charges dismissed or expunged from your record of a felony or misdemeanor, (including court supervision or a deferred judgement)? Yes ___ No ___

If you answered "Yes" to any of the questions, provide the following information:
(attach a separate sheet if necessary)

DATE _____ CITY _____ STATE _____

CHARGE _____ SENTENCE _____

DATE _____ CITY _____ STATE _____

CHARGE _____ SENTENCE _____

Has your driver's license **ever** been suspended or revoked? Yes ___ No ___

If you answered "Yes" provide the following information:
(attach a separate sheet if necessary)

DATE _____ CITY _____ STATE _____

CHARGE _____ SENTENCE _____

DATE _____ CITY _____ STATE _____

CHARGE _____ SENTENCE _____

Are you covered for auto liability insurance as required by the State of Iowa? Yes ___ No ____

Have you ever been required to carry SR-22 Insurance? Yes ___ No ___

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Your entire driving record will be a considering factor.

Signature_____ Date_____

DRIVING RECORD STANDARDS

QUALIFYING FACTORS

1. Applicant has a current valid driver's license.

DISQUALIFYING FACTORS

The violations listed below are disqualifying factors if they have occurred within the past three (3) years from the date of this application.

1. Applicant has had driver's license suspended, denied, revoked or barred.
2. Serious traffic violation as defined by Iowa code.
3. Operating while intoxicated, driving under the influence of any controlled substance.
4. Requirement to carry SR-22 insurance

AUTHORIZATION

I, _____, hereby consent and authorize the **City of LeClaire, its Police Department, and/or the LeClaire Fire & Rescue department or its agents** to prepare a criminal background investigation and/or a investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past Cities and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under the FCRA, as prescribed by the Federal Trade Commission, section 609(c)(3).**

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes_____ No____

If yes, list names and corresponding years: _____

Drivers License number: _____ State of issuance: _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2000 – 2007)

County_____ Years: From _____ through _____
County_____ Years: From _____ through _____
County_____ Years: From _____ through _____
Current Address, City, State, & Zip: _____

_____ _____
Signature Date

_____
Print Full Name - Include Middle Name (please print legibly)