

**Fire Dept.**  
 1357 Dakota Ave N.  
 Huron, SD 57350  
 (605) 353-8520

# CITY OF HURON – VOLUTEER FIREFIGHTER

Employment Application

**Human Resource Dept.**  
 239 Wisconsin Ave SW  
 PO Box 1369  
 Huron, SD 57350  
 (605) 353-8505

<b>APPLICANT INFORMATION</b>					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Date Available	Position Applied For				
Referred By					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you age 21 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number:		
<b>EDUCATION</b>					
High School		Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>REFERENCES</b> <i>(please list three professional references)</i>					
Full Name			Relationship		
Company			Phone (     )		
Address					
City		State		ZIP	
Full Name			Relationship		
Company			Phone (     )		
Address					
City		State		ZIP	
Full Name			Relationship		
Company			Phone (     )		
Address					
City		State		ZIP	

**PREVIOUS EMPLOYMENT (List last three employers starting with most recent)**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**GENERAL**

Subjects of special study or research work	
Special Skills	
Activities (Civic, Athletic, Etc.)	

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

LIST US MILITARY OR NAVAL SERVICE		RANK	
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on city medical forms could result in rejection for employment, or if employed, termination from the city at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Huron in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Huron. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Huron has a similar right.

**YOU MUST SIGN THIS APPLICATION – UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.**

Signature	Date
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Date: \_\_\_\_\_

To the members of Company # \_\_\_\_\_

Huron Volunteer Fire Department  
Huron, SD 57350

Gentlemen:

I hereby make application for membership in your company and submit the following data and information as to my qualifications for such membership:

Name in full		
Residence Address		Residence Telephone
City	State	ZIP
Business Address		Business Telephone
City	State	ZIP
Do you have permission from your employer to answer major fire calls?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer Signature		Date
<p>It is further understood and agreed that in the event of my changing employment or employer, I will be required to submit a new application with my new employer's signature thereon. Failure to do so on my part will be sufficient cause for the City of Huron to remove my name from the Company and Department roll call and membership in the Volunteer Fire Department.</p> <p>I have been a resident of the City of Huron since _____, and further state that I am in good health and know of no physical defect that would interfere with my duties as a member of the Volunteer Fire Department, and if elected, will comply with all of the Rules and Regulations of the Huron Volunteer Fire Department. I also agree that I will be placed on probation for a period of 6 months, at which time I will be given a test for knowledge relating to fire ground activities and will only be taken off of probation by a vote of the Executive Board.</p>		
Applicant Signature		Date
Company Captain Signature		Date
Interviewed <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		
Fire Chief Signature		Date
Fire Administrator Signature		Date
Approved by City Commission    YES <input type="checkbox"/> NO <input type="checkbox"/>		Date
City Physical Approved          YES <input type="checkbox"/> NO <input type="checkbox"/>		Date
Human Resource Director Signature		Date