



LARAMIE COUNTY FIRE DISTRICT #2
Firefighter Applicant
Membership Application

To apply for a firefighter position with Laramie County Fire District #2, complete and submit an official Laramie County Fire District #2 (LCDF #2) membership application form. The application shall be completed in full. We may wish to contact you by mail or telephone. It is your responsibility to make sure your contact information is correct and current. Except to accommodate the needs of individuals with disabilities, LCDF #2 personnel cannot write on applications unless in the “for internal use only” section. Any changes must be made by the application in person or through signed, written communication.

This application form is neither a guarantee of membership nor an offer of membership.

Background Investigations

Laramie County conducts background investigations of all applications for public safety positions to decide their suitability for employment. We need information from you so that we may follow the laws that apply to selecting people for employment, whether the employment is volunteer or paid. If you do not answer these questions, we cannot process your application.

We must have your Social Security Number (SSN) to keep your records straight. Other people may have the same name and/or date of birth.

Laramie County may also use your SSN to ask for information about you from employers, schools, law enforcement agencies, and others who know you. We will only use your SSN when the law allows it. Data we collect by using your SSN may also be given to federal, state or local agencies to conduct other lawful checks.

Information obtained as a result of background investigations is provided only to the Fire chief of the Fire District you are applying to. Your application and background investigation information is confidential and will be securely maintained in a locked cabinet.



MEMBERSHIP APPLICATION

Full Legal Name	_____
Street Address	_____ _____
Phone Numbers	Home _____
	Office _____
	Cell _____
Email Address:	_____

PERSONAL DATA

Nickname/Preferred Name	_____				
Occupation	_____				
Drivers License Number	_____	State	_____	Class	_____
Has your DL ever been revoked or suspended?	Yes _____	No	_____		
If yes, please explain:	_____ _____				
Social Security Number	_____	Date of Birth	_____		
Will you be able to leave work for emergency calls?	Yes _____	No	_____		

IN CASE OF AN EMERGENCY:

Name	_____	Relationship	_____
Address	_____		
Phone	Home: _____	Work: _____	Cell: _____
Doctor's Name	Phone Number _____		



EDUCATION

Name of high school attended _____

Address _____

Grade completed _____

Name of college or university _____

Address _____

Number of credits/degree received _____

Other relevant training that should be included in your fire service file:

Special skills, interests or hobbies:

Foreign languages spoken or read:

REFERENCES

List names and addresses of three persons not related to you who have known you for at least **three** years and who know your qualifications or who know character

Name	Address	Telephone Number



EMPLOYMENT HISTORY
(Starting with your most current employer first)

Current Employer _____
Address _____
Phone _____
Dates Employed From: _____ To: _____
Previous Employer _____
Address _____
Phone _____
Dates Employed From: _____ To: _____
Previous Employer _____
Address _____
Phone _____
Dates Employed From: _____ To: _____
Previous Employer _____
Address _____
Phone _____
Dates Employed From: _____ To: _____
Previous Employer _____
Address _____
Phone _____
Dates Employed From: _____ To: _____

RESIDENTIAL HISTORY

(Starting with your most current residence provide your residential history)



Current Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

Previous Street Address _____

City, State, Zip (Country) _____

Dates From: _____ To: _____

FIRE, RESCUE, AND EMS EXPERIENCE



Have you ever applied to this district before? Yes No

If yes, date you applied: _____

Have you ever served in another fire/rescue department? Yes No

If you answered yes, please provide the following:

Name of the fire/rescue department _____

Address _____

Phone Number _____

Dates of Service _____

Fire/Rescue Reference (Name of Fire Chief) _____

Company Name _____

Address _____

Phone Number _____

List the highest rank you held _____

List all types of fire/rescue vehicles you have been authorized/licensed to drive:

List any fire, rescue, EMS or related course you have taken and where/how it was obtained: (ex. Firefighter 1, Basic Emergency Care, Emergency Medical Technician, etc.) Also please provide the name of the school. Attach copies of the certificates.



CRIMINAL BACKGROUND

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of any other crime? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of arson? Yes _____ No _____

If yes, please explain: _____

Have you ever been charged with any crime? Yes _____ No _____

If yes, please explain: _____

Have you ever been dismissed from a public safety agency? Yes _____ No _____

If yes, please explain: _____

Have you ever resigned from any public safety agency rather than face dismissal? Yes _____ No _____

If yes, please explain: _____

FOR INTERNAL USE ONLY

Date Application Received _____ Received by _____

Application Approved _____ Disapproved _____

Station Assignment _____ Hiring List _____



SIGNATURE PAGE

I hereby certify the statements contained herein are true and correct to the best of my knowledge. I understand should an investigation disclose material misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicated that I have read the job description for the positions available to me and I understand the job of a firefighter is physically challenging. I also understand I must receive a favorable background investigation.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these to release such information necessary of verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information.

I have read, or have had read to me, the statement above and by my signature agree to these provisions.

I hereby authorize the release of any and all information of any criminal record which law enforcement agencies may have in their files concerning the undersigned.

I hereby release Laramie County Fire District #2 and any law enforcement agency receiving this request, their members and employees from any liability or damage which may result from furnishing the information requested.

Signature: _____