

Columbus Fire Department



Probationary Firefighter Packet

Probationary Firefighter Signature

Date Received

Issued By

Dear Applicant,

Thank you for taking interest and joining the Columbus Fire Department. Here you will be able to work beside men and women to perform a vital service to your neighbors and local communities. We have plenty of opportunities for everyone. Whether you are interested in firefighting, rescue, or medical; we have a place for you. Don't worry if you don't have experience. We have plenty of members willing to assist you along the way. Being a part of a fire department does take a lot of time and commitment.

Fighting fires and performing emergency services for the community is what our department revolves around. This is a very hazardous job. This is why we require our members to take certified classes and participate in departmental training. These are both crucial if you want to become a knowledgeable, respected, and integral part of our family.

Maintaining a fire department takes a lot of work. We take pride in our equipment and we like to keep it functioning and in good shape. This requires members to maintain the equipment and apparatus. We expect our volunteers to help the paid staff that is here to keep our department running smoothly. Being available for public relations, setting aside time to help with fund raising, and attending monthly meetings are all indispensable to keeping the fire department a strong and viable component of the community. These responsibilities are the backbone of our business. Without them the department ceases to function.

This packet is designed to help you better understand what is expected of you to become a member of Columbus Fire Department. The chiefs, officers and members of the Columbus Fire Department are here to assist you in meeting these goals and molding you into a Columbus firefighter.

Sincerely,

Tomy Priester

Fire Chief, CFD



Town of Columbus Fire Department
 100 South Peak Street
 Columbus, NC 28722

APPLICATION FOR MEMBERSHIP

PERSONAL

Last		First			Middle		
Street Address				City/Town		State	Zip
Previous Address (if less than 3 years at current address)							
Telephone Number							
(Day)		(Evening)		(Cell)			
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen	Place of Birth	
					Yes <input type="checkbox"/> No <input type="checkbox"/>		
Marital Status							
The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of North Carolina also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.							
Occupation							
Name and Address of Current Employer							
Valid Driver's License?		License Number		State	Expiration	Restrictions	
Yes <input type="checkbox"/> No <input type="checkbox"/>							

MEDICAL

Height	Weight	Blood Type	
Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disabilities? If so, please describe			
Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, etc? If so, please describe			
Have you had any serious illnesses or injuries in the last five years? If so, please describe and give any work limitations.			
Have you ever received compensation for injuries? If yes, describe fully			
EMERGENCY CONTACT			
Name		Relationship	
Telephone			
(Day)	(Eve)	(Cell)	

FIRE SERVICE (you may include volunteer positions)

Have you ever been a member of the Town of Columbus Fire Department? If yes, dates of service.
 Yes No

Are you presently a member of a fire/rescue department? Name and Address of Department(s)
 No Fire Rescue Both

Do you hold any of the following certifications? If yes, give date first certified, level of certification and date(s) of expiration

	Date of first certification	Level of Certification	Expiration date
CPR			
First Responder/EMT			
Firefighter I or II			
Technical Rescuer			
NEPA 1403			
Other(s) please specify:			

In the past five years have you attended any specialized training classes and/or attended any fire fighting schools? If yes, list types, dates of training and note certificates issued.

Have you had any specialized training, skills, experience or qualifications that you feel might be of benefit to the Town of Columbus Fire Department? If yes, describe.

What is your interest in the Town of Columbus Fire Dept.? Fire First Responder Both Junior Firefighter

Availability for duty Day (8am to 6pm) Evening (6pm to 8am) Other (please specify)

MILITARY SERVICE						
Have you ever served in the Armed Forces of the United States or the National Guard?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	Highest Rank?	
Branch	Dates of Service From	To	Type of Discharge	Date of Discharge		
Service Job Description						
References (do not include relatives)						
Name	Address			Telephone		
Name	Address			Telephone		
Name	Address			Telephone		
EDUCATION						
	Name and Address		Graduated	Number of Years Attended	Degree	Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>			
College			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business/Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: (Equivalency, etc)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
CRIMINAL RECORD						
Have you ever been arrested and convicted of a crime felony or misdemeanor?						
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please describe						
Have you ever been charged with minor traffic violations such as a speeding ticket?						
			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please describe						

NOTICE TO APPLICANT

The completion of this application does not indicate that there are vacant positions with the Town of Columbus Fire Department and in no way obligates this department .

I hereby authorize Town of Columbus Fire Department to conduct a personal background investigation including school attended, former and present employers, residences, named references, criminal and motor vehicle check in connection with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further I understand/agree that membership is for no definite period and may be terminated at any time without previous notice. I understand that I do not have a contract of employment and no one is authorized to make such promise.

Signature of Applicant: _____ Date: _____, 20_____

Signature of Guardian: _____ Date: _____, 20_____

(if under the age of 18)

THIS PAGE IS FOR DEPARTMENT USE ONLY AND MUST BE RETURNED WITH APPLICATION

DEPARTMENT ACCEPTANCE OF APPLICATION

The undersigned has confirmed that the applicant meets the Town of Columbus Fire Department requirements. The applicant is at least 14 years of age and has completed the minimum education requirements.

Accepted on _____, 20____ by _____

Declined on _____, 20____ by _____

Signature, Chief of Department _____ Date: _____, 20____

Columbus Fire Department Questionnaire

Name _____ Date _____

Why do you want to join the fire department?

What plans do you have by joining the department?

How do you think you can benefit our fire department?

How do you think the fire department can benefit you?

Columbus Fire Department

Rules and Qualifications for New Members

1. All probationary members will be on probation for 6 months. After the 6 month mark, they will be either voted in as a full time member or dismissed. This is also contingent upon the completion of the training booklet obtained at the time of being voted in as probationary firefighter.
2. All new members are required to obtain either Firefighter, Technical Rescuer with specialty, EMT-B, or Driver Operator certification within 2 years.
3. Probationary members must complete NIMs
4. All members are expected to attend monthly meetings which occur on Monday nights at 1900.
5. All members are required to run at least 5% of the call volume.
6. Probationary members are to wear a yellow helmet until they obtain their firefighter certification.
7. Probationary members are not allowed to run emergency traffic to any call.
8. If probationary member is at the station and there are enough members to fill seats on the apparatus, the qualified members will receive first placement on the apparatus.
9. Members are not allowed to go to medical calls until they obtain their Emergency Medical Technician or Medical Responder.
10. Interior firefighting is prohibited until NFPA 1403 classes are completed.
11. Probationary members are not allowed to drive any apparatus unless approved by the chief.
12. All members must be wearing turn-out coat and pants and have their gloves, helmet, nomex hood, and mask in their possession when riding in an apparatus to a fire call.
13. Probationary members are not to handle radio communications unless directed by an officer.
14. Probationary member must read and sign a paper stating that the member understands and will follow the departments SOG's.
15. All members must listen and follow directions given from an officer.

I _____ understand what is expected of me. I agree to follow the following rules and expectations that Columbus Fire Department has provided to me. I also agree to read the departments SOG.

Probationary Member Signature

Date