



KEARNEY VOLUNTEER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

2211 Avenue A
Kearney NE 68847
308-233-3226
KVFD@kearney.net

Dear Applicant:

Thank you for your interest in joining the Kearney Volunteer Fire Department. By picking up this application you have shown an interest in the service of protecting and preventing destruction to the property and lives of this community.

Please read this information carefully in its entirety. It contains the following:

1. Application – Application must meet all application and induction requirements.

This application is for a volunteer organization and the information should be given on a voluntary basis.

- Must be filled out completely and signed in the appropriate locations.
- Must include a \$20 membership fee, either cash or by check, made payable to Kearney Volunteer Fire Department. This fee will be applied towards your membership dues to the Nebraska State Volunteer Firefighters Association.

2. Authorization for Release of Information: This release allows the Kearney Volunteer Fire Department and City of Kearney to obtain additional information on your application through law enforcement records.

3. Pre-employment Drug Testing policy and Informed Consent and Release form. It is the policy of the Kearney Volunteer Fire Department that all applicants considered for membership be tested for drugs as part of the approval process. Failure to sign this document will render the application incomplete and the applicant ineligible for membership. You will also be required to take a pre-employment physical as part of the approval process. Pre-employment drug testing and firefighter physicals are paid for by the City of Kearney.

In addition new members are required to complete the department Firefighter 1 course. Members then have the option to test for State level Firefighter 1 certification.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact the Kearney Volunteer Fire Department and leave your name, phone number and information needed. Your call will be returned as soon as possible.

Respectfully,

Kearney Volunteer Fire Department

MINIMUM KVFD MEMBER ELIGIBILITY REQUIREMENTS

- YES NO I am a United States Citizen.
- YES NO I am a legal resident of the KVFD District.
- YES NO I live within 5 miles of the city limits of Kearney or Riverdale.
- YES NO I possess a valid Nebraska Driver's License.
- YES NO My Driver's Abstract History is reasonably clean.
- YES NO I am at least 19 years of age.
- YES NO I possess a High School Diploma or a GED.
- YES NO I possess good moral character and have maintained good working relations with other Fire Departments, Law Enforcement, and EMS, necessary to uphold and maintain the good name of the City of Kearney and the Kearney Volunteer Fire Department that will be verified by a thorough background check.
- YES NO I have the ability to communicate effectively both orally and in writing for safety and operational purposes.

I understand the above to be the **minimum** eligibility requirements for department consideration. I attest that my answers are true and accurate to the best of my knowledge.

Applicant Signature

Date

**APPLICATION FOR MEMBERSHIP
KEARNEY VOLUNTEER FIRE DEPARTMENT**

(Please type or print all information)

Date: _____

Name: _____

Age: _____ **Date of Birth:** _____ **Birth Place:** _____

Present Address: _____
(Number and street) *(How long)*

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Employer's Name _____ **Phone #:** _____

Length of Employment: _____

Does your employer support your applying for membership? _____

List three character references, outside family and Kearney Volunteer Fire Department:

<i>(Name)</i>	<i>(Address, city, state, zip)</i>	<i>(Phone #)</i>
<i>(Name)</i>	<i>(Address, city, state, zip)</i>	<i>(Phone #)</i>
<i>(Name)</i>	<i>(Address, city, state, zip)</i>	<i>(Phone #)</i>

Highest grade of education: _____

Are you a legal citizen of the United States? _____

How long have you resided in the K.V.F.D. fire district? _____

Do you work day time hours? _____ Evening hours? _____

Late night hours? _____ Weekends? _____

List all addresses in the previous five years (most recent first):

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

Have you been convicted of any violations of the law other than parking violations?

Yes No if yes, complete the following:

Violation	Date	Place	Court	Disposition
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Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

List any special training you feel would be advantageous to the fire service:

Of all the volunteer services within the Kearney area, why do you want to volunteer your time and services to the Kearney Volunteer Fire Department?

Do you belong to other volunteer organizations? If so, please list and briefly describe them:

List any present or past members of the Kearney Volunteer Fire Department you know:

I understand that if I should be accepted as a member of the Kearney Volunteer Fire Department, I will uphold the constitution and by-laws of this department. I also agree to participate fully in all activities associated with the fire department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Kearney Volunteer Fire Department.

(Signature of applicant)

KEARNEY VOLUNTEER FIRE DEPARTMENT PREEMPLOYMENT DRUG TESTING PROGRAM

KEARNEY VOLUNTEER FIRE DEPARTMENT PREEMPLOYMENT DRUG TESTING POLICY

It is the policy of the Kearney Volunteer Fire Department that all applicants considered for membership be tested for drugs as part of the approval process.

PREEMPLOYMENT DRUG TESTING STANDARDS

All applicants considered for membership will be required to sign an “INFORMED CONSENT AND RELEASE OF LIABILITY” form as part of the membership process. Refusal to sign the form will render the application incomplete and the applicant ineligible for membership.

The Kearney Volunteer Fire Department drug test will detect drugs and or metabolites in the following drug classes: amphetamines, barbiturates, benzodiazepine, benzoylecgonine (cocaine metabolite), cannabinoids (THC, marijuana), methadone, methaqualone (quaaludes), opiates (morphine, heroin, codeine), and phencyclidine (PCP, angel dust). The Kearney Volunteer Fire Department is not testing for other substances which may be taken for specific illnesses or medical purposes. All drug tests are subject to careful testing procedures with confirmation of any preliminary positive results.

Applicants refusing to take the test or testing positive for illegal drugs will be denied membership and may reapply after a period of six months. Applicants will be given a reasonable opportunity to provide an explanation acceptable to the Department for a confirmed positive test result for substances other than illegal drugs. An applicant providing an unacceptable explanation will be denied membership and may reapply after a period of six months.

Applicants who are unable to provide a specimen within four hours of arriving at the collection facility will be considered to have refused to participate in the test and may reapply after a period of six months.

Test results will be provided to the applicant upon receipt from the testing laboratory.

For confirmed positive tests, applicants will be given the opportunity to retest the original sample at an independent laboratory of their choice and at their own expense.

Confidentiality of test results, strict chain of custody and need to know procedures have been implemented to ensure confidentiality throughout the testing process.

Testing laboratories to be used will meet or exceed applicable Federal and State guidelines and testing standards.

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Kearney Volunteer Fire Department
2211 Avenue A
Kearney NE 68847

Date: _____

Please accept this authorization to give the Kearney Volunteer Fire Department or their agent any and all information pertaining to any records in your files involving _____ (applicant), including police reports, accident reports, etc.

(Signature of applicant)

City of Kearney
18 East 22nd Street
P. O. Box 1180
Kearney, NE 68848-1180



TELEPHONE · (308) 233-3215
FAX · (308) 234-6399
WEBSITE · www.cityofkearney.org

Release of Information

I understand that if I am chosen as a top candidate my background information will be checked and considered as a result of my application for employment or promotion. This information may include but is not limited to the following:

- Employment Verification
- Reference Checks
- Motor Vehicle Driving Record
- Criminal History
- Credit History
- Sexual Offender Registry
- Social Media Sites
- Verification of educational credentials through original transcripts which you may be asked to provide

I understand that any false information on my application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

My signature on this document will serve as authorization to release any and all information to the City of Kearney. A photocopy or facsimile of this document is as valid as the original.

Applicants Name (Please Print)

Applicants Signature

Date



City of Kearney Personal Information for Background Checks/Investigations

The City of Kearney conducts driving and national background checks and/or investigations on the top candidate requesting employment with the City of Kearney. This includes the following areas: full, part, seasonal and contractual employment, volunteers and internships. A conviction does not automatically bar an individual from employment. Each case will be considered individually. In order to complete the process the information below is required.

Print Name (Last, First, Middle Initial)

Maiden or other names used

Date of Birth

Social Security Number

Place of Birth

Sex

Race

Height

Weight

Eyes

Hair

Driver's License #

Expiration Date

Volunteer Firefighter
Position Applying for

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a **minor** traffic violation?

YES NO

If yes, please give details and specific dates (Month and Year)

Signature

Date

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on the information I have provided. I understand failure to disclose information that is discovered as a result of this background investigation will be considered falsification of information and will disqualify me for employment with the City.