Dear Applicant:

Thank you for your interest in joining the Kearney Volunteer Fire Department (KVFD)! We are excited that you are interested in serving your community in such an important and meaningful way.

Please complete and return the enclosed application. The full application process is outlined below so you will know what to expect at each step.

1. Complete the Application

Fill out the KVFD application completely and sign where needed. Please provide a **working email address that you check often**. The City of Kearney will use email to contact you about your background check later in the process.

The application must also include a **$20 membership fee**. You may pay by cash or check. Checks should be made payable to the **Kearney Volunteer Fire Department**. This fee will be applied to your membership dues for the Nebraska State Volunteer Firefighters Association. Should membership not be approved, the fee will be returned to you by mail.

A copy of the **KVFD Pre-Employment Drug Screening Policy** is included for you to review. You will complete the drug screening consent form later in the process.

2. Interview

After your completed application is received, a KVFD member will contact you to schedule an interview. If you successfully complete the interview, you will move to the background check step.

3. Background Check

After your interview, KVFD will give you the forms needed for a background check. Complete the forms and return them as directed. The forms will be provided to the **City of Kearney Human Resources Department**. Information about your background check will be sent to you by **email**. Please check your email regularly so you do not miss important information. If your background check is clear, your application will move to the next step.

4. Membership Vote

Your name will be presented to the KVFD volunteer membership for a vote. If the membership approves your application, you will move forward with the drug screen and firefighter physical.

Approval by the membership does not mean you are a final member yet. Membership is still based on passing the drug screen and firefighter physical.

5. Drug Screen and Firefighter Physical

The City of Kearney will pay for your required drug screen and firefighter physical. You must pass the drug screen. A doctor must also confirm that you are able to safely perform firefighter duties. If you do not complete or pass these requirements, you will not be eligible for membership.

6. Orientation and Training

After you successfully complete the drug screen and physical, KVFD will contact you to schedule your new member orientation. New members are also required to complete the department's **Firefighter I, Firefighter II & Hazmat Operations course**.

If you have questions about the application process, please contact the Kearney Volunteer Fire Department. Leave your name, phone number, and your question. A member of the department will return your call as soon as possible.

MINIMUM KVFD MEMBER ELIGIBILTY 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 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 FEE	**OFFICE USE ONLY**	**APPLICATION DISPOSITION**
Application Fee Received: ☐ YES ☐ NO		Member Voted On: ☐
☐ Cash ☐ Check # _____		Application Denied: ☐
Date Received: _____		Date: _____

APPLICATION FOR MEMBERSHIP
KEARNEY VOLUNTEER FIRE DEPARTMENT

(*Please type or print all information)*

Today's Date: _____ Age: _____ Date of Birth: _____

Name: _____

Phone: _____ Email: _____

Are you a legal citizen of the United States? ☐YES ☐NO Birth Place: _____

Highest Level of Education Completed: _____

Current Address: _____

How long have you resided at the address above? _____

How long have you resided in the KVFD fire district? _____

List all addresses where you've lived in the previous five (5) years:

_____

_____

_____

_____

_____

Employer: _____ Employer Phone: _____

Employer Address: _____

Length of Employment: _____ Does your employer support your application? ☐YES ☐NO

Typical Work Days: ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☐Fri. ☐Sat. ☐Sun.

Typical Work Hours: _____

Please list all places you have worked in the last five years, up to today's date. Include the employer's address, your supervisor's name, your job duties, and your reason for leaving:

_____

_____

_____

_____

_____

_____

_____

_____

Please list three character references. References cannot be family members or current Kearney Volunteer Fire Department members.

(Name)	*(Address, city, state, zip)*	*(Phone #)*
(Name)	*(Address, city, state, zip)*	*(Phone #)*
(Name)	*(Address, city, state, zip)*	*(Phone #)*

Have you been convicted of any violations of the law other than parking violations?
☐YES ☐NO If yes, please complete the following:

Violation	**Date**	**Place**	**Court**	**Disposition**

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 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.