



Battle Creek Fire Department Application

Please print or type the requested information. Completed applications can be emailed or returned to Fire Chief Dale Gadbois email: dags430@gmail.com cell: 605-787-3074.

Personal Information

Full Name: _____

Social Security Number: _____

Current Address: _____

How long have you lived at your current address? _____

Previous Address: _____

How long did you live at the previous address? _____

Home Phone Number: _____ Date of Birth: _____

Cell Phone Number: _____ Pager Number: _____

Work Phone Number: _____

E-mail Address: _____

Drivers License Number: _____ State: _____

Name and Number of Emergency Contact:

Have you ever been convicted of a crime? YES/ NO If YES, please explain:

Do you have any previous firefighting, rescue, and/or medical experience?

If yes, please fill out the information requested below. Please be sure to include copies of any training certificates you have received when turning in your application.

Fire Company/ Department: _____

Address: _____

Contact: _____ Phone Number: _____

Fire Company/ Department: _____

Address: _____

Contact: _____ Phone Number: _____

Please check any courses that you have completed.

_____ Firefighter 1

_____ Firefighter 2

_____ Basic Vehicle Rescue

_____ Advanced Vehicle Rescue

_____ EVOC/ Driver Training

_____ Pump 1

_____ Pump 2

_____ EMT

_____ ICS 100

_____ ICS 300

_____ ICS 700

_____ S130/190

_____ Hazmat First Responder

_____ Hazmat Operations

_____ Hazmat Technician

_____ FAST/ RIT Team Training

_____ Officer 1

_____ Officer 2

_____ Officer 3

_____ Paramedic

_____ ICS 200

_____ ICS 400

_____ ICS 800

_____ Other Wildland Training:

Attach copies of certifications and certificates of completed courses.

Did you hold any executive officer or line officer positions? _____ If yes, please list:

Position: _____ Number of years: _____

Position: _____ Number of years: _____

Do you have any other special skills or training? _____ If yes, please list:

Education

High School: _____

Number of years attended: _____ Degree: _____

Technical School: _____

Number of years attended: _____ Degree: _____

College: _____

Number of years attended: _____ Degree: _____

Employment

List past and present employers, starting with the most recent.

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Type of Business: _____

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Type of Business: _____

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Type of Business: _____

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Type of Business: _____

Personal References

(Not former employers or relatives)

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Name: _____

Address: _____

Phone Number: _____

Occupation: _____

Statement of Understandings and Authorizations

I hereby apply for membership in the Battle Creek Fire Department and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating guidelines, and the conduct expected of department members.

I authorize Battle Creek Fire Department to investigate the statements made in this application, I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Department of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this application may result in denial of membership or expulsion from the department.

I hereby authorize the following parties to release any and all information concerning myself to the Officers of the Company and their agent:

- 1. Department of Motor Vehicles of South Dakota, or any other state driver’s license authority;
- 2. Any Law Enforcement Agency;
- 3. Any emergency services agency I was ever a member of;
- 4. Any employer, past or present.

Signature of Applicant: _____

Printed Name: _____

Date: _____

Membership Committee Processing Record

Date application was received: _____

Date of Interview: _____

Date criminal record check was completed: _____

Date driver’s license check was completed: _____

Recommended for membership YES/ NO

If YES,

Date of membership vote and results: _____