

PIERRE VOLUNTEER FIRE DEPARTMENT

PO Box 1092 215 West Dakota Pierre, SD 57501

605.773.7401

Application for Membership

(Please Print or Type)

PERSONAL INFORMATION

Name: _____ Are you 18 or older: _____ Date of Application: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Driver's License #: _____

Employment and Education History

Current Employer: _____ Address: _____

How long have you been employed with current employer: _____ Supervisor: _____

May we contact your current employer for a reference: Yes _____ No _____

Previous Employer _____ Dates Employed: _____

Previous Employer _____ Dates Employed: _____

Highest Level of Education Completed: _____

Please List Three References

1. _____

2. _____

3. _____

How were you referred to the Fire Department (mailing, internet, current member, etc.): _____

I understand that my application for membership in the Pierre Fire Department (PFD) means:

- (1) I will answer the questions posed to me by representatives of the membership of the PFD truthfully and to the best of my knowledge; and,
- (2) I may be required to provide medical records that certify I am physically able to perform the duties of a firefighter; and
- (3) I will be subjected to a background check for a criminal record and that the existence of any such record may disqualify me from membership; and
- (4) That I may be denied membership at any review level; and
- (5) That if I am accepted into the PFD, I promise to faithfully obey the laws of the State of South Dakota, the Bylaws and Best Practices of the PFD.

Signature of Applicant: _____ Date: _____

DEPARTMENT USE ONLY

Interview Member: Approve _____ Disapprove _____ Signature: _____ Date: _____

Chief: Approve _____ Disapprove _____ Signature: _____ Date: _____

Commissioner: Approve _____ Disapprove _____ Signature: _____ Date: _____