



**Application Packet for the Reserve Firefighter
City of Concordia Fire Department**

**701 Washington / P.O. Box 603
Concordia, Kansas 66901
785-243-4411**

I certify that all information submitted in this application is true and correct to the best of my knowledge.

Date Submitted

Applicant Name: _____

CITY of CONCORDIA FIRE DEPARTMENT

Reserve Firefighter Application

Name _____

Address _____

Age _____ Home Phone _____

Social Security Number _____ - _____ - _____ Daytime Phone _____

Kansas Driver's License # _____ Other (cell/pager) _____

Email Address _____

How long have you been a Cloud County resident? _____ years _____ months

Occupational Information

Present Employer _____

Company Address _____

Business Phone _____ Job Title _____

Length of time employed by this company _____ years _____ months

Previous Employers

Company Name	Address	Length of Employment	job title

Signature _____

Date ____/____/____

Medical Information

Physician _____ Address _____
Applicant Name _____
Phone _____

1. Why do you wish to join the Concordia Fire Department?
 2. If accepted, can you be available for daytime fire and medical calls? Yes No
 3. What is your normal work hours and/or shift schedule?
 4. If accepted, approximately how much time will you be able to participate in departmental functions aside from the regularly scheduled drill/training meetings?
 5. Have you ever been convicted, for any reason, by a court? Yes No
If yes, please list the conviction(s) and date(s).
- A complete seven year criminal history must be obtained from KBI (Kansas Bureau of Investigation) and be submitted with this application. Criminal histories from anywhere else you have lived within the past seven years must also be included.

Please fill in the following information for our records.

Marital Status Single Married Divorced Separated
Spouses Name _____ Work Phone _____
Other Emergency Contact _____ Phone _____

Signature _____ Date ____/____/____

References

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

A Guide for Membership Applicants

Welcome to the Concordia Fire Department. We are pleased you are interested in joining our department. Whether you are new to the fire service, or have previous experience, this packet will assist you in the process of joining our team. Please read this section very carefully so you will understand the procedures you must follow to get started. From the time that you receive this application packet through the time you are accepted into probationary membership will be referred to as your “pre-acceptance” period.

All applicants must be 18 years of age and have a valid Kansas Driver’s License. Applicants must reside within Cloud County. Applicants need not reside within a certain distance from our station, but if you live outside of a 6-mile radius from our stations you will be expected to respond in a timely manner.

Our membership committee consists of 3 reserve officers and 3 career firefighters ranging in experience levels. This committee is who you will have the most interaction with you during your pre-acceptance period. The committee will review your application, give you a test, interview you, perform an agility test and determine your desire to be a reserve firefighter. The committee will investigate your background and ask some general questions, it will also be your chance to ask any questions you may have. You are required to attend all meetings during your pre-acceptance period.

Description of selection process:

1. Applicant submits completed application with a Certified driving record showing the past 7 years of driving history from all states in which you have lived, a criminal history showing the past 7 years from all counties in which you have lived and the physical certification form completed by a physician.
2. Review of application by the Membership Committee.
3. Take a general Knowledge test and pass with a 70 % or better score.
4. Physical Agility Test to be administered by the Membership Committee.
5. Interview by the Membership Committee and a member from the personnel office.

6. Membership Committee makes a recommendation for the applicant to be presented before the membership for a vote on accepting them into probationary status.
7. Applicant is selected for recommendation for probationary membership by a majority vote.
8. The city's personnel director will then schedule a physical and a range of motion test with the appropriate medical facility at a time that you have selected that will work for you.
9. The Chief meets with the candidate and has the deciding vote whether or not the applicant is ultimately accepted and is assigned to a Reserve Captain's team. Upon passing the required tests and exams, a provisional offer will be extended to you for membership to the Department.
10. After completing the probationary packet and the required classes as outlined in the probationary packet and completing a minimum of 6 months of probationary membership you will be re-interviewed by the membership committee. They will then decide whether or not to release you into full membership, with the Chief's approval.
11. Probationary member is accepted into full membership.

We want you to be aware up front of the level of commitment that is necessary to become a member of the Concordia Fire Department and to continue your membership. More items will be discussed within the probation packet.

- You are required to attend every emergency call that the department is dispatched to, even if you think there is no chance of getting to actually go on the call, in the case there is a second call, additional manpower or equipment is needed or assistance cleaning up is needed. Obviously there are times that we know you will be unable to answer calls and they are excused, such times are: Work, school, family illness, personal illness, religious commitments, etc
- A rigorous schedule of training is required to obtain your certification and to continue your certification
- Odd hours, being woke up at all hours of the night for emergencies ranging from 10-minute responses to 6 or more hours.
- Safety and risk: Firefighting is one of the most dangerous occupations in the world. Each year on average 100 firefighters lose their lives in the line of duty, countless others are injured. Concordia Fire Department provides you with the best training available to avoid

this from happening. We also have worker's compensation and life insurance policies above what the federal, state and local government offers.

So with all this work what are the benefits of joining the Concordia Fire Department?

- Annual banquet
- Life Insurance policy & Retirement policy
- Periodic outings/gatherings
- A sense of family unlike any other
- Pride in knowing you are giving back to your community

The following pages are to be reviewed and signed by you and returned with the application. They are a few items that we want you to know and agree to prior to being presented to the membership.

Signature _____

Date ____/____/____

Applicant Name: _____

Chain of Command

Fire Chief

Radio Call Sign – Chief-1

Larry Eubanks

Deputy Fire Chief

Radio Call Sign – Chief -2

Captains

Radio Call Sign

Chuck Nondorf Captain-1

Jim Menard Captain-2

Tim Stangel Captain-3

Firefighters

Radio Call Sign

John Christensen A-100

Rick Knudsen Jim Wilson
B-100

James Buller C-100

Reserve Officers

Radio Call Sign

Bill White A-101

B-101

Andrew Allen C-101

Reserve Firefighters

Dereck Champlin

Jason Grogan

Donna Garst

Kent Otott

Everett Mendenhall

Angela Reed

Nick Gerard

Jamie Haas

Rhona Annon

Listed above are the present officers and personnel of the Concordia Fire Department. The arrangement of ranking officers in the department is called the Chain of Command. After being accepted as a Probationary Member you will be assigned to an officer who will act as your mentor. In the event you have a problem or question, begin by seeing your assigned officer. If your officer is unable to resolve your problem or answer your question, he will follow the Chain of Command to the next level in order to do so. The first officer you contact may send you, with your concern, to the next officer in the chain.

It is important for you to start following our command system now, as you will be expected to do so from this point forward. Further information concerning the Chain of Command will be available to you in your Probationary Packet.

Public Representation and Professionalism

As members of the Concordia Fire Department, we have to represent the department as professionally as possible due to the fact that we are providing emergency services to the people of the community. Once you are accepted on the membership, you will begin to collect many items that will associate you with our department, such as T-Shirts, sweatshirts, CFD license plates, etc. The public eye will be watching you when you display these items, whether you step off of a fire truck, or if you are doing personal activities in public. Being that this is the case, when you are representing the Concordia Fire Department in any way, you are expected to act accordingly.

The Concordia Fire Department has zero tolerance with consumption of alcohol while wearing our issued uniform, t-shirt, patch, hat, etc. The Fire Chief has the right to punish this violation in any means he sees fit, including termination of membership.

Any behavior that is unbecoming of a firefighter; be it participating in departmental functions, emergency calls, or while away from the department when displaying the Concordia Fire Department's name, will be evaluated by an officer of the Fire Department. The Fire Chief reserves the right to handle behavior of this sort in any means he determines necessary.

I have read and understand the information concerning Professionalism and Public Representation of the Fire Department.

Signature _____

Date ____/____/____

Applicant Name: _____

Summary of Completed Requirements

*Each Of the Criteria Below Must Have an Officers Signature and Date

Application Received. _____

Acceptable Driver History Record. _____

Acceptable Criminal History Record. _____

Physical Certification Form _____

Passed the Departments General Knowledge Test _____

Passed the Departments Physical Agility _____

Able to Explain Chain of Command & Knows Who Officers Are. _____

Understands Expectations of Professionalism. _____

Understands Responsibilities of Station Security. _____

Has met Station Time Requirements. _____

Applicant Name: _____

Physical Certification Form

Section 1 (To be completed by firefighter applicant)

Name: _____

Phone Number: _____

Address: _____

Social Security #: _____

Section 2 (To be completed by a Licensed Physician)

Medical Certification:

This is to certify that I have examined the above candidate and found him/her to be physically fit and free from any physical defects, handicaps or diseases which might impair his/her ability to carry out the responsibilities required of a firefighter.

Date

Signature of Physician

Type or Print Name of Physician

Address

Telephone

Signature _____

Date ____/____/____



701 Washington • P.O. Box 603
Concordia, KS 66901
785-243-2670 • Fax: 785-243-3328

Authority for Release of Information

Last Name _____ First _____ Middle _____ Maiden _____
DOB _____ SSN _____
Place of Birth City _____ State _____ County _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part there of, concerning myself, by and to any duly authorized agent of the City of Concordia, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give for full complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent date for the City of Concordia to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Concordia. I understand that all materials pertaining to this background investigation become the property of the City of Concordia and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of or by reason of complying with this request I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary:

Signature _____
Date _____