



OSAGE COUNTY FIRE DISTRICT No. 2
911 LAING ST. OSAGE CITY, KANSAS 66523
WWW.OSAGEFIRE.COM

LETTER FROM THE CHIEF

Greetings,

This is an opportunity to become an active part of a vital and exciting community service based organization. Osage County Fire District No. 2 has a primary mission to protect the lives and property of the community it serves.

As a member of Osage County Fire District No. 2 you will be expected to conduct yourself in a professional manner while representing the department, attend scheduled meetings and functions, respond to emergency calls, and participate in training opportunities. Although we are a volunteer service, we expect our members to be committed to the service we provide and to remain active in the department's endeavors.

Osage County Fire District No. 2 will ensure that you are provided the necessary equipment and training to excel in the fire service field.

Members of Osage County Fire District No. 2 are compensated on a per run basis. Other benefits include retirement plan, life insurance, and limited long-term disability insurance.

If you are interested in becoming a member of Osage County Fire District No. 2 please fill out the attached application and return it to me.

Thank you,

Dan Romine, Chief
Osage County Fire District No. 2

Name and address of employer	Dates	Position and kind of work
Name: _____ Address: _____ City, State: _____ Supervisor's Name: _____ Telephone No.: _____ May we contact your current or past employer <input type="radio"/> Yes <input type="radio"/> No	Dates From: To:	____ Reason for leaving ____

Name and address of employer	Dates	Position and kind of work
Name: _____ Address: _____ City, State: _____ Supervisor's Name: _____ Telephone No.: _____ May we contact your current or past employer <input type="radio"/> Yes <input type="radio"/> No	Dates From: To:	____ Reason for leaving ____

Name and address of employer	Dates	Position and kind of work
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Fire / Rescue Experience	Fire Department	City / State	Highest Rank	Assignment
<input type="radio"/> None				

Certifications	Fire Fighter I	Fire Fighter II	Hazmat	CPR / First Aid
<input type="radio"/> None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Awareness <input type="radio"/> Ops	<input type="radio"/> CPR <input type="radio"/> First Aid

EMS Training	First Responder (EMR)	EMT-B (EMT)	EMT – I (AEMT)	Paramedic
<input type="radio"/> None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List all other training, hobbies, etc. that you may be willing to use in the fire service:

(Use back of this page if needed to complete information for this section.)

Check the usual times you would be available to respond to emergencies:

Available Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 AM – Noon							
Noon – 6:00 PM							
6:00 PM – Midnight							
Midnight – 6:00 AM							

List any allergies:

(Use back of this page if needed to complete information for this section.)

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting. Yes No

Have you had a complete physical exam within the last two (2) years? Yes No

Do you have a vehicle that you can drive to training sessions and emergencies? Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? Yes No

Has your driver's license been suspended or revoked within the past five years? Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

References	
Name: _____	Number of years acquainted: _____
Address: _____	Position / Title / Profession: _____
City, State, Zip: _____	_____
Telephone No.: _____	

References	
Name: _____	Number of years acquainted: _____
Address: _____	Position / Title / Profession: _____
City, State, Zip: _____	_____
Telephone No.: _____	

References	
Name: _____	Number of years acquainted: _____
Address: _____	Position / Title / Profession: _____
City, State, Zip: _____	_____
Telephone No.: _____	

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules, regulations, and follow the operational guidelines as prescribed by the fire department. I understand that I will be on probation for not less than twelve (12) months and may be excused from the department with no fault or liability if accepted to the Osage County Fire District No. 2 Fire Department. Any misleading or falsifying information on this application may be grounds for immediate termination of membership.

Signed: _____

Date: _____

This application will be kept on file for one (1) year from date received. Application will be reviewed as needed by Osage County Fire District No. 2. Selected applicants will be contacted to arrange an interview with existing fire department members.



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AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

I voluntarily and knowingly authorize any employer, person, firm, corporation, school, government agency, its officers, employees and agents, to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the information disclosed may include, but not necessarily limited to:

1. Employment history, including performance evaluations, job descriptions, disciplinary reports, any other documents contained in my personnel files, including documents that may have been sealed.
2. Opinions (whether verbal or written) regarding my suitability for employment possessed by my former employer.
3. Medical records, including records of physical or psychological examinations.
4. Educational or scholastic records.
5. Financial records and credit information.
6. Records maintained by any law enforcement agency, including, but not limited to, police reports and other records of arrest and conviction, ordinance violations juvenile records, or those relating to traffic violations.

I understand that this information is to be used to assist the Osage County Fire District No. 2 in determining my qualifications and fitness for the position I am seeking with the Osage County Fire District No. 2. I authorize the Osage County Fire District No. 2 to obtain any information falling within the categories listed above, including any information which may be considered confidential or privileged, and authorize the Osage County Fire District No. 2 to photo copy that information if it so desired.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school, or government agency, its officers, employees and agents, from any and all claims, liability, demands, causes of action, damages, or costs (including attorney fees), present or future, whether known or unknown, anticipated, arising from or incident to the disclosure of derogatory facts concerning my employment which the officer, employee or agent disclosing such facts knows are untrue.

I further waive and release any claim whatsoever I might have for any injury occurring while competing in any portion of the examination.

Applicant's Name (Please Print)

Applicant's Signature



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FOR FIRE DEPARTMENT USE ONLY

Date application received: _____

Date application presented to fire board: _____

Date of references contacted: _____

Date application presented to fire members: _____

Notes / Comments:

Appointed: Yes No