



BUTLER VOLUNTEER FIRE DEPARTMENT



Volunteer Application

I. General Information: (print legibly)

Application Date: _____

LAST NAME:		FIRST NAME:		MIDDLE:		POSITION APPLYING FOR:	
HOME ADDRESS:				CITY:		STATE:	ZIP:
HOME PHONE:		MOBILE PHONE:		WORK PHONE:		E-MAIL: geoff@rsqdogtech.com	
SSN:		DATE OF BIRTH:		PLACE OF BIRTH:		HEIGHT:	WEIGHT:
DRIVERS LICENSE #:		STATE OF ISSUE:		DL CLASS:		EXP DATE:	ENDORSEMENT(S):
MILITARY SERVICE: (Branch and Rank) None				MILITARY SPECIALTY:		YEARS OF SERVICE:	
ENGINEER LICENSE #:				MEDICAL LICENSE OR CERT #:			
ARE YOU A US CITIZEN: Yes				IF NOT A CITIZEN OF THE US, GIVE COUNTRY OF CITIZENSHIP:			
EMERGENCY CONTACT 1:		RELATIONSHIP:		MOBILE PHONE:		OTHER PHONE:	
EMERGENCY CONTACT 2:		RELATIONSHIP:		MOBILE PHONE:		OTHER PHONE:	

II. Current and Previous Employer Information:

FIRE DEPARTMENT/EMPLOYER:			IMMEDIATE SUPERVISOR:			SUPERVISOR PHONE:		
ADDRESS:			CITY:			STATE:		ZIP:
POSITION/RANK:		SHIFT:	EXEMPT/NON-EXEMPT:			HOURLY WAGE:		
FIRE CHIEF:		FIRE CHIEF PHONE:		FIRE CHIEF E-MAIL:			MABAS DIVISION WORK:	MABAS DIVISION HOME:
FIRE DEPARTMENT/EMPLOYER ADDRESS:			CITY:			STATE:		ZIP:
BRIEFLY DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:								
PREVIOUS OR SECONDARY EMPLOYER: (leave blank if none in the past 10 years)			IMMEDIATE SUPERVISOR:			SUPERVISOR PHONE:		
ADDRESS:			CITY:			STATE:		ZIP:
POSITION/TITLE/RANK:								



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BRIEFLY DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:		
OTHER JOB RELATED POSITIONS OR AFFILIATIONS:		
OTHER SKILLS OR SPECIALTIES: (i.e. foreign language spoken)		
ARE OTHER MEMBERS OF YOUR FIRE DEPARTMENT/EMPLOYER ON IL-TF 1?	IF SO, HOW MANY?	NAME OF MEMBER(S)

III. References - must list 3 (2 professional and 1 personal reference):

IF YOU ARE A MEMBER OF A FIRE DEPARTMENT, YOU MUST LIST ANOTHER MEMBER OF YOUR DEPARTMENT (NON-CHIEF OFFICER) AS A REFERENCE			
PROFESSIONAL REFERENCE 1:	PHONE:	EMAIL:	HOW ARE YOU ASSOCIATED?
PROFESSIONAL REFERENCE 2:	PHONE:	EMAIL:	HOW ARE YOU ASSOCIATED?
PERSONAL REFERENCE:	PHONE:	EMAIL:	RELATIONSHIP:
OTHER REFERENCE:	PHONE:	EMAIL:	HOW ARE YOU ASSOCIATED?

IV. Education:

HIGH SCHOOL:	HIGH SCHOOL CITY:	HIGH SCHOOL STATE:	GRADUATION YEAR:
COLLEGE 1:	COLLEGE 1 CITY:	COLLEGE 1 STATE:	COLLEGE 1 GRAD YEAR
COLLEGE 1 FIELD OF STUDY:		COLLEGE 1 DEGREE RECEIVED:	
COLLEGE 2:	COLLEGE 2 CITY:	COLLEGE 2 STATE:	COLLEGE 2 GRAD YEAR:
COLLEGE 2 FIELD OF STUDY:		COLLEGE 2 DEGREE RECEIVED:	

V. Certification:

Applicant's Signature:	Date:
Fire Chief Signature:	Date:
Office Only – Date Received:	Office Only – Date Entered:



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Background Check Authorization

Print Name: _____

Former Name(s) and Dates Used: _____

Current Address Since (M/Y): _____

Previous Address From (M/Y): _____

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Butler Volunteer Fire Department Inc** and its designated agents and representatives to conduct a comprehensive review of my background for employment and/or volunteer purposes. I further authorize the complete release of any records or data pertaining to **Butler Volunteer Fire Department Inc**.

Butler Volunteer Fire Department Inc and its designated agents and representatives, shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information.

Signature: _____ Date: _____