



## **Prairie City Fire Department EMS Department**

203 E. Jefferson Street  
Prairie City, Iowa 50228

### **Member Application Package**

Thank you for your interest in becoming a member of the Prairie City Fire Department and/or EMS Department. Volunteering is very demanding. It takes a lot of time and can be emotionally stressful. Please be sure that you can meet the commitment before you apply.

Please follow these steps to apply:

1. Fully complete the application
2. Sign the Certification and Agreement Form
3. Sign the Prairie City Fire Department/EMS Department Service Commitment
4. Attach a copy of your Driver's License
5. Attach a copy of all your certifications, CPR card, and any other relevant training records.
6. Direct any questions to Chief Van Der Kamp at (515) 249-7636 or EMS Director Cody Wenthe (515) 490-0911.
7. Return the completed application package to:

#### **Fire Department**

Fire Chief Ryan Van Der Kamp  
Prairie City Fire Department  
203 E. Jefferson Street  
P.O. Box 607  
Prairie City, IA 50228

#### **EMS Department**

Cody Wenthe  
Prairie City EMS Department  
203 E. Jefferson Street  
P.O. Box 607  
Prairie City, IA 50228

The Prairie City Fire Department and EMS Department do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

# Member Application

I am applying for  Fire Department  EMS Department  Both

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: (Number & Street) \_\_\_\_\_  
 (City, State, Zip Code) \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Desired start date: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you over 18 years old?  Yes  No

## Education:

School	Years Completed (circle one)	Diploma/Degree Earned	List School(s), City/State
High School	1 2 3 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Vocational School	1 2 3 4		
Other Training or Degrees			

## Fire Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: \_\_\_\_\_

Professional Membership(s): \_\_\_\_\_

## EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: \_\_\_\_\_

Iowa Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional Membership(s): \_\_\_\_\_

\_\_\_\_\_

## Record of Conviction:

Have you ever been convicted of a crime other than minor traffic offense?  Yes  No

If yes, fully explain: \_\_\_\_\_

\_\_\_\_\_  
*(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).*

By signing this application I authorize a complete background check including criminal records.

## Employment:

**Please list employment history, with your current employer first (including U.S. Military Service), for the last 10 years. If any employment was under a different name, indicate name.**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates of Employment: 

From	To
(Mo/Yr)	(Mo/Yr)

 \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

(Circle one) FT PT No. of Hrs. per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates of Employment: 

From	To
(Mo/Yr)	(Mo/Yr)

 \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

(Circle one) FT PT No. of Hrs. per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates of Employment: 

From	To
(Mo/Yr)	(Mo/Yr)

 \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

(Circle one) FT PT No. of Hrs. per Week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been an applicant or member of any fire or rescue agency? \_\_ Yes \_\_ No  
If so, please state agency name, location, contact information, and dates of membership \_\_\_\_\_  
\_\_\_\_\_

Please describe any additional work experience, volunteering, community involvement, or training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the City of Prairie City to contact my previous employers.

**References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

I authorize the City of Prairie City to contact my references.

## Applicant's Certification and Agreement

- ✓ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the Prairie City Fire Department, EMS Department, its Officers, and/or the City of Prairie City to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ✓ I hereby release the Prairie City Fire Department, EMS Department, its Officers, members, and the City of Prairie City from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the Prairie City Fire Department and/or EMS Department.
- ✓ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ✓ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. However, I further understand that neither the policies, rules, regulations of membership or anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the department may terminate my membership at any time with or without notice or cause.
- ✓ I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the Prairie City Fire Department, EMS Department, its Officers, and/or the City of Prairie City.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**Department Use Only: Do not write in this space.**

Application received by:	
Date application received:	Date of interview:
Date voted to membership:	Six months probation end date:



**Prairie City Fire Department  
EMS Department  
Service Commitment**

I hereby commit to:

- \_\_\_\_\_ Provide volunteer on call service including days, nights, weekends, and holidays and agree to meet the minimum attendance requirements as established by the Prairie City Fire Department.
- \_\_\_\_\_ Provide a minimum of (24) consecutive months of service.
- \_\_\_\_\_ Attend required monthly business and training meetings.
- \_\_\_\_\_ Maintain Fire & EMS certifications and complete all required skills drills.
- \_\_\_\_\_ Comply with the standard operating guidelines, policies, and procedures of the department and the direction of the command staff at all times.
- \_\_\_\_\_ Maintain patient confidentiality.

I understand membership is at-will, and may be terminated at any time with or without cause by Prairie City Fire Department, EMS Department, its Officers, and or the City of Prairie City.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# City of Prairie City

## AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

I, \_\_\_\_\_, having applied for employment with the City of Prairie City understand that a criminal background check of my records must be completed for the application process. I acknowledge the City of Prairie City will utilize the Prairie City Police Department to conduct the criminal background investigation and authorize the Prairie City Police Department will share the results of the investigation with the appropriate administrative staff for the Department I am applying for.

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the Prairie City Police Department to conduct a criminal history record check. Any criminal history data concerning me may be released as allowed by law.

Waiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Required Personal Information:

Last Name (With Suffix)	
First Name	
Middle Name	
Date of Birth	
Driver's License Number	
Social Security Number	
Current Address	

Below Box is for Office Use Only

### Criminal History Record Check Results

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

No Criminal History Record found

Criminal History Record attached

Prairie City Police Officer Conducting Check: \_\_\_\_\_

Badge Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_