



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 Jody Van Der Kamp (515) 205-5176 or via email at prairiecityemsdirector@gmail.com.
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

Jody Van Der Kamp
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



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: City of Prairie City _____

_____ P.O. Box 607

_____ Prairie City, IA 50228

Phone: 515-994-2649 _____

Fax: 515-994-2376 _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

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 above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

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

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.