



City of Niles Fire Department Volunteer Application

The City of Niles considers applicants without regard to race, color, religion, sex, national origin, age, disability status, marital status, or any other legally protected status.

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Phone(s) _____ Email address _____

Driver's License Number _____ State of Issue _____

EDUCATION AND EXPERIENCE

EDUCATION	NAME/LOCATION	YRS ATTENDED	DATE GRADUATED
Elementary			
High School or Vocational School			

CURRENT EMPLOYMENT (if not currently employed, please indicate "NA")

Company Name _____ Location _____

Position _____ Supervisor _____

Normal working hours _____

Have you discussed this application with your employer? YES NO

Would your employer consent to you leaving work to respond to fire and rescue calls? YES NO

Would your employer object if you were late to work because of responding to calls? YES NO

Please state briefly why you desire to volunteer with the City of Niles Fire Department:

PLEASE READ CAREFULLY

I certify the answers given herein are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application may be considered sufficient cause for rejection or dismissal, no matter when discovered. I authorize the City of Niles to investigate the statements in this application. I understand that the City of Niles Fire Department is involved in fire, emergency medical, and rescue services and that as a member I may be required to witness these events and perform functions in any or all areas. I agree to take part in training sessions scheduled by the Department as well as calls for services when requested. I understand that filling out this form does not indicate there is a position open and does not obligate the Department to accept me. If conditionally accepted to the program, I agree to provide further information as necessary to determine my suitability for the program. If accepted to the program, I agree to abide by all department rules, policies, and procedures in accordance with the Department's Standard Operating Procedures.

I have received and understand the requirements of the program and I can perform the duties of a with or without a reasonable accommodation.

Applicant's Signature _____

Date _____

FOR DEPARTMENT USE
Date received _____
Date interviewed _____
Action taken _____