



# VOLUNTEER APPLICATION

An Equal Opportunity Employer

FIRE DISTRICT # 1

PLEASE PRINT

Position/s \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Email Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

How were you referred to us?

RETURN COMPLETED APPLICATION TO  
RILEY COUNTY FIRE DISTRICT OFFICE  
115 N. 4<sup>TH</sup> STREET, 2nd FLOOR East  
MANHATTAN, KS 66502

PHONE (785) 537-6333 , FAX (785) 537-6338

Please note: This application form was designed for use by persons applying for volunteer firefighter positions only. Please answer the questions to the best of your ability. All information will be treated confidentially.

**SKILLS**

Firefighting experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past and Present Certifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

Were you in U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_  
Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_  
Briefly describe any job-related experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT EMPLOYMENT**

List present employer or most recent employer.  
May we contact this employer? Yes \_\_\_ No \_\_\_

Employer: \_\_\_\_\_ Title of your Job: \_\_\_\_\_  
Address: \_\_\_\_\_ Began: \_\_\_\_\_ Ended: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Supervisor's name and phone number: \_\_\_\_\_

**GENERAL INFORMATION**

Are you legally authorized to work in the United States? Yes \_\_\_ No \_\_\_

Are you 18 years of age or older? Yes \_\_\_ No \_\_\_

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  
Yes \_\_\_ No \_\_\_

Have you previously applied for employment here? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you previously been employed by Riley County? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Are any of your relatives employed here? Yes \_\_\_ No \_\_\_

If yes, please list name/s and department/s: \_\_\_\_\_

**REFERENCES**

Name and Address	Occupation	Phone/Email

**DRIVING RECORD**

*Do you have:*

A valid Kansas Driver's License? Yes \_\_\_\_ No \_\_\_\_ License Number: \_\_\_\_\_

Additional Endorsements? Yes \_\_\_\_ No \_\_\_\_ Class: \_\_\_\_\_

Have you had:

A moving violation with the past year? Yes \_\_\_\_ No \_\_\_\_

An accident within the past two years? Yes \_\_\_\_ No \_\_\_\_

Driver's License revoked or suspended? Yes \_\_\_\_ No \_\_\_\_

Explain any YES answers:

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Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. Attach additional sheets if necessary (you may exclude all information indicative of age, sex, race, religion, color, national origin, marital status, or disability).

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***Riley County is committed to providing equal employment opportunity for all persons regardless of Race, Color, Religion, Sex, Age, Marital status, National origin, Citizenship status, Disability and Veteran status. Equal opportunity extends to all aspects of the employment relationship, including hiring, transfers, promotions, training, terminations, working conditions, compensation, benefits, and other terms and conditions of employment.***

# AGREEMENT

(Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the elected official or department head in charge of the position for which I am hired or myself. I understand that no official or county employee other than the Board of Commissioners of Riley County has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I hereby authorize the investigation of all statements made in this application and I hereby release from liability all person, companies, or corporations supplying any information concerning me. My signature authorizes Riley County to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees, and information needed to obtain a criminal background check. I further authorize collection of any employment-related information deemed necessary from former employers or personal references.

\_\_\_\_\_  
Signature

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

[NOTE: A signature is required. If this page is returned electronically (e-mail), please print, sign and mail or fax this page.]

## SELF IDENTIFICATION

**NAME:**

**POSITION FOR WHICH YOU ARE APPLYING:**

We, as an employer, wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the disabled, disabled veterans, and veterans who served on active duty during the Vietnam-era for more than 180 days. **SUBMISSION OF THIS INFORMATION BY YOU IS VOLUNTARY.** Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

**APPLICANTS IDENTIFYING THEMSELVES AS DISABLED:**

1. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? yes no

2. What reasonable accommodation, if any, would you need?

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You are not required to provide the above information. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary, or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

**APPLICANTS IDENTIFYING THEMSELVES AS DISABLED OR VIETNAM-ERA VETERANS:**

1. Are you a disabled veteran? yes no

2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? yes no

**APPLICANTS IDENTIFYING THEIR SEX AND RACE**

**SEX CLASSIFICATION**

Male Female

**EEO CLASSIFICATION**

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date