

**City of Lewisburg  
VOLUNTEER FIRE DEPARTMENT  
P.O. Drawer 151**

**Lewisburg WV, 24901  
phone: (304) 645-3237 fax: (304) 645-3238**

**APPLICATION FOR VOLUNTEER MEMBERSHIP**

**PERSONAL DATA**

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street P.O. Box /Apt. # City State Zip Code

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ May we call you at work? YES NO

Do you presently have relatives employed with the City of Lewisburg ? YES NO  
 If yes, name and department where employed \_\_\_\_\_

Are you authorized to work in the United States? YES NO  
 Have you ever been convicted of a crime other than minor traffic violations? YES NO  
 A yes answer to this question will not necessarily bar you from employment.  
 If yes, charge(s) \_\_\_\_\_ where convicted \_\_\_\_\_  
 date(s) \_\_\_\_\_ disposition or current status \_\_\_\_\_

**EMPLOYMENT STATUS**

Position applied for Volunteer Firefighter

Earliest date you could begin work (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**EDUCATION AND SKILLS**

Starting with high school, provide the complete information on all schools attended. Include special courses or trade school.

NAME & LOCATION OF SCHOOL	DATES OF ATTENDANCE		COMPLETED CREDIT HOURS		GRADUATE		NAME OF DEGREE/CERT	MAJOR/MINOR
	FROM	TO	SEM.	QTR	YES	NO		
HIGH SCHOOL/GED								
TEC/COLLEGE								
OTHER								

List any other job-related skills you possess

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

Do you possess a valid Driver's License ? YES NO License # \_\_\_\_\_ State of Issue \_\_\_\_\_  
 Do you possess a valid CDL (Answer only if required for position) YES NO

## EMPLOYMENT RECORD

List jobs in reverse order starting with your present job. List your entire work history including volunteer, part-time, temporary, self-employment, and military jobs. List promotion as a separate job. This section must be accurate and complete. If more space is needed, attach additional sheets in the same format, including your name, social security number, and signature.

1. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Hrs. Per Week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ May We Contact? YES NO Phone: \_\_\_\_\_  
Name on Employment Records if Different From Present Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Hrs. Per Week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ May We Contact? YES NO Phone: \_\_\_\_\_  
Name on Employment Records if Different From Present Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Hrs. Per Week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ May We Contact? YES NO Phone: \_\_\_\_\_  
Name on Employment Records if Different From Present Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
From Mo/Yr. \_\_\_\_\_ To Mo/Yr. \_\_\_\_\_ Hrs. Per Week: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Last Salary: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_ May We Contact? YES NO Phone: \_\_\_\_\_  
Name on Employment Records if Different From Present Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties: \_\_\_\_\_

## REFERENCES

Give names and addresses of three people, not relatives or former employers, who have known you for at least one year.

NAME	ADDRESS	TEL. NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**NEITHER THIS APPLICATION NOR AN INTERVIEW CONSTITUTES A CONTRACT OF EMPLOYMENT AND, IF HIRED, ALL EMPLOYEES OF THE CITY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY OR NO REASON AND MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON.**

## CERTIFICATION OF APPLICANT

I affirm, agree, and/or understand that all statements on this form are true and accurate and any misrepresentation or omission of facts may result in my disqualification for consideration for the position applied for or my discharge from the position should I already be employed. I understand you may inquire into my background and conduct a fingerprint check. If I have requested herein that my employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# *Lewisburg Volunteer Fire Department*

## *Departmental Action Form*

*Applicant's Name:* \_\_\_\_\_

*DOB:* \_\_\_/\_\_\_/\_\_\_\_\_

*Date Application Received:* \_\_\_/\_\_\_/\_\_\_\_\_

*Received By:* \_\_\_\_\_

*Application approved by Membership Committee:*  *Approved*  *Denied*

*Date:* \_\_\_/\_\_\_/\_\_\_\_\_

*By:* \_\_\_\_\_

*Application Approved by Membership for Probation:*  *Approved*  *Denied*

*Date:* \_\_\_/\_\_\_/\_\_\_\_\_

*By:* \_\_\_\_\_

*Application Approved for Full Membership:*  *Approved*  *Denied*

*Date:* \_\_\_/\_\_\_/\_\_\_\_\_

*By:* \_\_\_\_\_

The background of the page features a large, semi-transparent badge of the Lewisburg Volunteer Fire Department. The badge is shield-shaped with a yellow border. At the top, the word "LEWISBURG" is written in yellow. In the center, there is a circular emblem with a landscape scene, including a house, trees, and a fire hydrant. The words "LEWISBURG" and "WEST VIRGINIA" are written around the inner border of the emblem. At the bottom of the shield, the word "FIRE" is written in yellow.

## Application Packet

Please read and complete this application. All applications must be filled out completely for consideration.

All applications must include:

- A current copy of your Driving Record from West Virginia DMV.
- A Photocopy of your Driver's License.
- Applicants under the age of 18 must include a work permit from your local school.
- All Applicants must have a current photo attached to your application.
- All applicants who have their EMT License or Fire Qualifications already completed must have attached copies for reciprocity consideration.
- All Applicants must consent to a Background check.
- All prospective Members must attend an interview.

*The City of Lewisburg Volunteer Fire Department is an equal opportunity employer.*

*City of Lewisburg  
Volunteer Fire Department*

*Po Drawer 151  
Lewisburg WV, 24901  
Phone: (304) 645-3237 Fax: (304) 645-3238*

*Fire Chief Wayne Pennington*

*President Kevin Hanson*

*Release of Liability  
Authorization for Criminal Background and Reference Check*

*I \_\_\_\_\_ give the City of Lewisburg Fire / Police Department permission to make a thorough investigation of my background regarding crimes, education, and employment and all other facts within my application for Volunteer Employment. I hereby release from liability all persons, places of business and municipalities providing this information and understand that the information will become the confidential property of the City of Lewisburg Volunteer Fire Department.*

*Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_*

*Departmental Use Only*

*Background Investigation:     Pass    Fail   Officer's Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_*

*Education / Reference Investigation:    Pass    Fail  
LVFD Personnel Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_*

*Attachments:  Yes     No*