

# Hardin County Emergency Services District #2

## Lumberton Fire & EMS

LUMBERTON

### Application for Career or Volunteer

**Fire Chief: Jeffrey McNeel**

**ESD Board Members:**

**Fritz Erbeling, President**

**Joe Tumbleson, Vice President**

**Bob Wood, Secretary/Asst. Treasurer**

**Lisa O'Blanc, Treasurer**

**Tommy Evans, Member**

FIRE & EMS

*Serving the Greater Lumberton Area since 1962*

## Prerequisites for Volunteer Firefighters

All new members who want to volunteer for Lumberton Fire & EMS (Hardin County ESD #2), as a firefighter will be required to first take several online courses. These courses are free of charge and printable certificates are available once passed. If you do not have a personal computer you can take these classes on the guest computer at Central Station.

When you are ready to begin your on line classes call the station during regular business hours and ask to be entered into the McNeil & Company E-Learning member list. Once listed go to [www.mcneilandcompany.com](http://www.mcneilandcompany.com) , see at bottom of page “register” and follow directions to each of the following classes:

- Blood Borne Pathogens
- GHS: The Globally Harmonized System of Classification of Labeling of Chemicals
- Hazardous Communication: The New Standard Introduction to GHS
- HIPPA
- HIPPA Update: The final Omnibus Rule
- OSHA Standards for the Fire Department
- POV Ops
- Sexual Harassment
- Workplace Harassment

Go to <https://training.fema.gov/nims>

- ICS-100 Introduction to the Incident Command System
- IS-700 National Incident Management System, An Introduction

CPR/AED and First Aid Training classes are given at Central Station; call for class dates

Please print all your certificates once each class is completed and bring to Central Station to be placed in your file. After these online classes are completed you will be required to attend a firefighter training program, which is held twice yearly at Central Station, to advance to a certified firefighter status.

**NEW MEMBERS ARE NOT TO RESPOND TO A FIRE SCENE UNTIL CLEARED BY TRAINING DIVISION.**

# EMPLOYMENT APPLICATION

**CAREER OR VOLUNTEER** (CIRCLE WHICH YOU ARE APPLYING FOR)

APPLICATION INFORMATION

LEGAL NAME LUMBERTON

NICKNAME IF PREFERRED \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ARE YOU A CITIZEN OF THE US? YES /NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE US? \_\_\_\_\_

EDUCATION

HIGH SCHOOL \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

COLLEGE/TECH SCHOOL ATTENDED \_\_\_\_\_ GRADUATED? \_\_\_\_\_

OTHER \_\_\_\_\_ GRADUATED? \_\_\_\_\_

REFERENCES

IF THERE IS A LUMBERTON FIRE & EMS MEMBER THAT IS REFERRING YOU PLEASE USE THEM AS A REFERENCE

REFERENCE NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

PHONE# \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

PHONE# \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

PHONE# \_\_\_\_\_ RELATIONSHIP? \_\_\_\_\_

**POSITION APPLYING FOR:**

FIREFIGHTER \_\_\_\_\_ EMS \_\_\_\_\_ BOTH \_\_\_\_\_ AUXILIARY \_\_\_\_\_

- IF APPLYING FOR A VOLUNTEER POSITION WHAT % OF YOUR TIME WILL BE AVAILABLE WHEN NOT WORKING? 10% 25% 75% 100%

- DO ANY OF YOUR FAMILY MEMBERS HAVE OBJECTIONS TO YOU RESPONDING TO EMERGENCY CALLS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN

\_\_\_\_\_

- ARE YOU WILLING TO WORK UNDER HAZARDOUS CONDITIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

- HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN IN ORDER TO AVOID BEING DISMISSED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN:

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

- WOULD YOU BE WILLING TO OBTAIN A COMPLETE PHYSICAL AT THE EXPENSE OF HCESD#2? YES \_\_\_\_\_ NO \_\_\_\_\_

- ARE THERE ANY MEDICAL REASONS THAT WOULD PREVENT YOU FROM PERFORMING EMERGENCY RESPONDER DUTIES? YES \_\_\_\_\_ NO \_\_\_\_\_

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## DRIVERS LICENSE AND BACKGROUND CHECK AUTHORIZATION

As either a paid or volunteer member is it required that all members have a driver's license and background check. By your signature below you are granting HCESD#2 authorization to check your driving record and do a background check to ensure that you meet the requirements and policies of HCESD#2 and to operate fleet vehicles.

**Please fill out the following information:**

Your name on your drivers license: \_\_\_\_\_

Street address: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_ Gender \_\_\_\_\_

Other names you may have had \_\_\_\_\_

Your SS# \_\_\_\_\_

Your cell phone # \_\_\_\_\_

Your signature \_\_\_\_\_

### IMMUNIZATION HISTORY / TRAVEL HISTORY

- All employees and volunteer members must bring their most recent immunization record.
- If you have not been vaccinated you must sign a declination form stated you are aware of possible risks to certain diseases from occupations exposures.

- All new members will be required to have a TB test and asked of their travel history outside of the USA. All information will remain confidential. Please initial here \_\_\_\_\_ that you understand this requirement.

# CERTIFICATIONS

## EMERGENCY MEDICAL CERTIFICATIONS

ECA                      EXPIRES \_\_\_\_\_  
 EMT-B                    EXPIRES \_\_\_\_\_  
 A-EMT                    EXPIRES \_\_\_\_\_  
 EMT-P                    EXPIRES \_\_\_\_\_

## TCFP OR SFFMA CERTIFICATIONS

- \_\_\_\_\_ BASIC FIREFIGHTER
- \_\_\_\_\_ INTERMEDIATE FIREFIGHTER
- \_\_\_\_\_ ADVANCED FIREFIGHTER
- \_\_\_\_\_ MASTER FIREFIGHTER
- \_\_\_\_\_ FIRE OFFICER I, II, III, IV
- \_\_\_\_\_ FIRE SERVICE INSTRUCTOR I, II, III
- \_\_\_\_\_ FIRE INSPECTOR
- \_\_\_\_\_ CAUSE AND ORIGIN INVESTIGATOR
- \_\_\_\_\_ ARSON INVESTIGATOR
- \_\_\_\_\_ HAZARDOUS MATERIALS TECHNICIAN
- \_\_\_\_\_ HAZARDOUS MATERIALS INCIDENT COMMANDER
- \_\_\_\_\_ AIRCRAFT RESCUE FIRE FIGHTING
- \_\_\_\_\_ MARINE FIRE FIGHTING
- \_\_\_\_\_ NIMS 100/100A 200 300 400 700/700A 800/800A
- \_\_\_\_\_ WILDLAND FIRE PROTECTION
- \_\_\_\_\_ INCIDENT SAFETY OFFICER
- \_\_\_\_\_ OTHER \_\_\_\_\_

## MILITARY SERVICE

BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_ DATES SERVED \_\_\_\_\_

**CURRENT AND PREVIOUS EMPLOYMENT**

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

\_\_\_\_\_ YEARS AT THIS COMPANY: \_\_\_\_\_

NAME/PHONE OF REFERENCE FROM THIS COMPANY: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT REFERENCE: NAME AND PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT REFERENCE: NAME AND PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SALARY \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**LUMBERTON**  
**PLEASE ATTACH TO THIS APPLICATION COPIES OF YOUR CERTIFICATIONS, DRIVERS LICENSE AND A CURRENT VEHICLE INSURANCE CARD**

**MEMORANDUM OF UNDERSTANDING FOR ISSUED GEAR AND EQUIPMENT**

If accepted as an employee or member and issued gear and equipment I understand that it is my responsibility to maintain all equipment and apparel from damage and theft. I understand that I have no rights to have such equipment in my possession without the approval from the Fire Chief. I also understand that failure to return all HCESD#2's assets may lead to charges filed against me. In signing this I state I understand these rules and will return all equipment in a timely manner when directed to do so.

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

**DISCLAIMER AND SIGNATURE**

**FIRE & EMS**  
BY SIGNING BELOW, I AM STATING THAT MY ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF MY APPLICATION LEADS TO EMPLOYMENT OR MEMBERSHIP I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.

NAME \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**LUMBERTON**



**FIRE & EMS**