



Jackson Hole Fire/EMS Jackson, Wyoming

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

E-Mail Address: _____

Phone: _____
Home Work Mobile

Are you over 21 years of age? Yes No

EMERGENCY CONTACT INFORMATION

The information that you provide in this section will be used ONLY in the event of your serious injury or death. Family or friends you would like the department to contact. Please list in the order you want them. Note: If the contact is a minor child, please indicate the name of the adult to contact. If needed, provide additional names on the back of this sheet.

Name: _____ Relationship: _____

Home Contact Information: _____
Address

Home Phone Mobile Phone

Work Contact Information: _____
Name of Employer

Address

Phone

**PLEASE DELIVER APPLICATION TO:
JACKSON HOLE FIRE/EMS ADMINISTRATION OFFICE
40 E. PEARL AVE. (307) 733-4732
OR MAIL TO P.O. BOX 901
JACKSON WY 83001**

GENERAL INFORMATION

Do you have a valid Wyoming Drivers License? Yes No State: _____

Class: _____ License Number: _____ Expiration: _____

List any previous Fire/EMS experience: _____

List any certifications that you have: _____

List any experiences, skills or qualifications that might benefit our organization: _____

Can you leave work for emergency calls? Yes No

Have you ever been convicted of a crime? Yes No If Yes, please explain.

Include date, place and nature of crime: _____
(Convictions will not necessarily disqualify an applicant.)

EMPLOYMENT HISTORY

(List present or most recent positions first)

1. Employer: _____ Address: _____

Supervisor: _____ Phone No: _____ Position: _____

Date Employed (Day, Mo., Yr): _____ Date Left (Day, Mo., Yr.): _____

2. Employer: _____ Address: _____

Supervisor: _____ Phone No: _____ Position: _____

Date Employed (Day, Mo., Yr): _____ Date Left (Day, Mo., Yr.): _____

3. Employer: _____ Address: _____

Supervisor: _____ Phone No: _____ Position: _____

Date Employed (Day, Mo., Yr): _____ Date Left (Day, Mo., Yr.): _____

PERSONAL REFERENCES (Do not list former employers or relatives)

Name	Occupation	Address	Phone: Work/Home

PREVIOUS ADDRESS (Give Addresses for the past five years)

Street	City	State

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application process are accurate and are subject to verification. I authorize all previous employers and listed references to furnish whatever information they may have regarding my employment and my reason for leaving. I understand that I may be refused membership by giving false or misleading information in my application or interview(s), or in the event of membership to the organization, I may be immediately discharged. I understand that as a part of the application process, I am subject to a criminal background investigation and a health physical. I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/governmental reporting purposes. I also understand that proof of U.S. permanent residency or authorization to work in the U.S. is required upon membership/employment decision and further understand that this application is not intended to be a contract for employment.

I understand and acknowledge that membership begins upon my appointment by the Fire Chief, and that I am required to abide by all rules, regulations, bylaws and standard operating policies of the Jackson Hole Fire/EMS Department. I understand that I will be on probation for twelve (12) months starting from my appointment date, which includes, but is not limited to, attendance of all meetings, regular maintenance and training meetings all as set forth by the department. I understand that worker's compensation, eligibility to the Wyoming Retirement System, AFLAC and Firefighter I testing time will all start upon my appointment.

Date

Applicant's Signature

