Stanwood Volunteer Fire Department

Membership Application (Must be 18 years of age)

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #/PO Box*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Drivers Lic #: _____ Class: _____ Restrictions: _____ Exp. Date: ___/___ D.O.B.: ___/___/___

SSN #: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Have you been a resident of Stanwood for 6 months or longer? YES ☐ NO ☐ If yes, how long? _____

Are you currently CPR certified? YES ☐ NO ☐ If yes, what level? _____ Exp. Date ___/___/___

Have you ever been convicted of a misdemeanor or felony? YES ☐ NO ☐ If yes, please explain and give dates:

_____

Education

High School: _____ City: _____ State: _____

Did you graduate? YES ☐ NO ☐ Other (G.E.D./Homeschooled): _____

College: _____ City: _____ State: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Please list any Fire/Rescue/HazMat/EMS related training/experience you have: _____

_____ Did you receive certificates? YES ☐ NO ☐

References

*Please list three **Professional** references. (NO family members) If you have previously been a member of a different fire/ambulance department, please use that as one of your references.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment

Company: _____ Phone: _____

Address: _____ Shift/Hours/ Days: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

How long have you been employed here? _____

May we contact your supervisor for a reference? YES ☐ NO ☐

Complete** Previous Employment **section ONLY if** Current Employment **is less than 3 years

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Medical History/Availability

When are you commonly most available? (check all that apply or specify hours of availability)

Weekdays_____ Weekends_____ /Days_____ Evenings_____ Nights_____

Do you have any medical issues (take medications, etc.), physical impairments/disabilities that could prevent you from performing the demanding physical duties of being a fire fighter? (if yes, please explain) Yes ☐ No ☐

_____

_____

_____

Military Service

Branch: _____ From:_____ To:_____

Rank at Discharge:_____ Type of Discharge:_____

If other than honorable, please explain: _____

Disclaimer and Signature

I have read and understand all requirements, codes, guidelines and bylaws listed in the Membership Packet / Application and I certify that my information / answers are true, accurate and complete to the best of my knowledge. _____(initials)

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release._____(initials)

I acknowledge that by application of my signature I am allowing Stanwood Volunteer Fire Department and / or it's appointed representatives to investigate my background and driving record to protect their interests as needed._____(initials)

Signature: _____ Date:_____

DEPARTMENT USE ONLY

Copy of Driver's License attached ☐

Copy of CPR certificate attached ☐

List other certificates attached at time of application:

_____

_____

_____

Verified applicant has read and signed/initialed all parts necessary of the application forms ☐

Background & Driving Record check completed/attached ☐

First Reading Date:_____/_____/_____

Probationary Vote Date:_____/_____/_____ **Pass / Fail**

City Council Vote Date:_____/_____/_____ **Pass / Fail**

Membership Vote Date:_____/_____/_____ **Pass / Fail**

_____

PRESIDENT SIGNATURE

_____

FIRE CHIEF SIGNATURE

_____

MAYOR SIGNATURE

_____

CITY CLERK SIGNATURE

STATE OF IOWA
Criminal History Record Check
Request Form

DCI Account Number: _____
(if applicable)

To: **Iowa Division of Criminal Investigation**
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

_____

_____

Phone: _____

Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	**First Name** (mandatory)	**Middle Name** (recommended)
Date of Birth (mandatory)	**Gender** (mandatory)	**Social Security Number** (recommended)
	☐ **Male** ☐ **Female**	

Waiver Information: **Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.**

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

☐ No Iowa Criminal History Record found with DCI

☐ Iowa Criminal History Record attached, DCI #_____

DCI initials_____

DCI-77 (08/25/10)

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.