

Knight Township Fire Department Application Process

1. After receiving the application the membership committee will be in touch with the applicant within 2 weeks.
2. Applicant will be called in for an interview with the membership committee. At that time a picture will be taken of the applicant and a date set for the applicant to take the physical agility test.
3. If the membership committee is pleased with the interview, a background check will be completed.
4. If background check comes back "OK" and applicant passes the physical agility test they are then a probationary member of Knight Township Fire Department and will be assigned a number and receive a t-shirt.
5. New member will then be scheduled to go through Basic Firefighter training. After completion of Basic training they will then be issued a complete Class "C" uniform and paperwork for an alphanumeric pager.
6. Six months from completion of Basic Firefighter training probationary firefighter will be given a performance evaluation.

Knight Township Fire Department

Application for membership

General Requirements

1. Be a legal citizen of the United States
2. Be at least 18 years of age for position of firefighter, 16 years of age for cadet.
3. Possess a currently valid Driver's license.

Applicants who meet the above qualifications will be considered for membership in conjunction with the reports of a character investigation and the results of the entrance ability test.

This application is the first step in joining the Knight Township Fire Department. After completing this application, it will be submitted to the membership committee for review. After review, based on the need to fill vacancies, you may or may not be contacted for an oral interview with the committee. There will also be a physical entrance ability test that will be given to new applicants after the oral interview. Completing this application does not guarantee membership.

INSTRUCTIONS

This application must be filled out in ink completely. Any questions not applicable so indicate with N/A.

This application will not be processed unless completely filled out.

We the officers and members of Knight Township Fire Department thank you for your interest in joining what we feel to be the finest fire department around.

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Have you ever been convicted for violation of the controlled substance law?

Yes No If yes, please explain: _____

Availability

Days available	Hours available

List 3 references that are not relatives:

Name _____ Phone _____

Occupation _____ No. of Years Known _____

Name _____ Phone _____

Occupation _____ No. of Years Known _____

Name _____ Phone _____

Occupation _____ No. of Years Known _____

Would you agree to a physical if required? Yes No

Would you agree to take a drug test? Yes No

Would you agree to have a background check ran? Yes No

Knight Township Fire Department Health History

Name: _____ Date: _____

Social Security #: _____

Sex ___M ___F Height _____ Weight _____

PLEASE CHECK IF THE FOLLOWING APPLY TO YOU

- _____ Head or spinal injuries (severe)
 - _____ Eye disease
 - _____ Seizures, fits, convulsions or fainting
 - _____ Encephalitis (sleeping sickness)
 - _____ Allergies: If yes, please list: _____
 - _____ Meningitis
 - _____ Extensive confinement by illness or injury
 - _____ Cardiovascular disease
 - _____ Tuberculosis or lung disease
 - _____ Back injury
 - _____ Diabetes
 - _____ Gastrointestinal ulcer
 - _____ Nervous stomach
 - _____ Rheumatic fever
 - _____ Asthma
 - _____ Kidney disease
 - _____ Muscular disease
 - _____ Suffering from incurable disease (explain): _____
 - _____ Suffering from any other disease (explain): _____
 - _____ Permanent defect from illness, disease or injury
 - _____ Alcoholism
 - _____ Drug addiction
 - _____ Psychiatric disorder
 - _____ Any other nervous disorder
 - _____ Blood type, if known
 - _____ Venereal disease (syphilis, gonorrhoea or herpes)
- Have you been disabled from sickness or injury in the past five years? ___Yes ___No
- Have you been hospitalized within the last five years? ___Yes ___No
- If so, nature and duration of illness: _____

I hereby certify the above information is true and correct to the best of my knowledge.

_____ (Your Signature) _____ (Date)