

*McCook Fire Department
Marc A. Harpham, Fire Chief
PO Box 1059 - 505 West C Street
McCook, NE 69001*



*Telephone: (308) 345-5710
Fax: (308) 345-4369
firechief@mccooknet.com
www.cityofmccook.com*

Member Application Package

Thank you for your interest in becoming a member of the City of McCook Fire Department. Becoming a firefighter/EMS provider is very demanding. It takes a lot of time and can be emotionally stressful. Please be sure that you can meet the commitment before you apply and are offered a position on our department.

Please follow these steps to submit an application:

1. Complete the application packet in full
2. Sign the Certification and Agreement Form
3. Sign the City of McCook Fire Department Service Commitment
4. Attach a copy of your Driver's License
5. Attach copies of all of your certifications, CPR card, and any other relevant training records.
6. Direct any questions to Fire/EMS Chief Harpham at (308)345-5710
7. Return the completed application package to:

Fire/EMS Chief Marc Harpham
City of McCook Fire Department
505 West C Street
McCook, NE 69001

The City of McCook Fire Department does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

Personal:

Name: _____ Date: _____
Last First Middle

Address: _____

(City, State, Zip Code): _____

Daytime Phone Number: _____ Evening Phone Number: _____

Desired Start Date: _____ Email Address: _____

Social Security Number: _____ Are you over 18 years old? _____

Education:

School	Years Completed (circle one)	Diploma/Degree earned	List School(s), City/State
High School	1 2 3 4	Diploma: Yes No GED: Yes No	
College and/or Voc. School	1 2 3 4		
Other Training or Degrees			

Fire Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Professional Membership(s): _____

EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Nebraska/National Registry Certification Number: _____ Exp. Date: _____

Professional Membership(s): _____

Record of Conviction:

Have you ever been convicted of a crime other than a minor traffic offense? _____

If yes, fully explain: _____

(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors such as age and date conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Employment:

Please list employment history, with your current employer first (including U.S. Military Service), for the last 10 years. If any employment was under a different name, indicate name.

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle One) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle One) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle One) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination?

YES NO If yes, explain: _____

Have you ever been an applicant or member of any fire, rescue, or ambulance agency?

YES NO If yes, please state agency name, location, contact information, and dates of membership: _____

Please describe any additional work experience, volunteering, community involvement, or training:

References:

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

Applicant's Certification and Agreement

- ▶ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize the City of McCook Fire Department, its Officers, and or the City of McCook to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ▶ I hereby release the City of McCook Fire Department, its Officers, members, and the City of McCook from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of the City of McCook Fire Department.
- ▶ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ▶ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. However, I further understand that neither the policies, rules, regulations of membership or anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the department may terminate my membership at any time with or without notice or cause.
- ▶ I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by the City of McCook Fire Department, its Officers, and or the City of McCook.

Signature of Applicant

Date

Printed Name of Applicant

Department Use Only: Do not write in this space.

Application received by:	
Date application received:	Date of interview:
Date accepted to membership:	Six months probation end date:



City of McCook Fire Department Service Commitment

I hereby commit to:

_____ Provide volunteer on call service including days, nights, weekends, and holidays and agree to meet the minimum attendance requirements as established by the City of McCook Fire Department.

_____ Provide a minimum of 12 consecutive months of service.

_____ Attend required monthly training meetings.

_____ Maintain Fire and EMS certification(s) as required and complete all required skills testing and training.

_____ Comply with the standard operating guidelines, policies, and procedures of the department and direction of the command staff at all times.

_____ Maintain patient confidentiality.

I understand membership is at-will, and may be terminated at any time with or without cause by the City of McCook Fire Department, its Officers, and or the City of McCook.

Signature of Applicant

Date

