



**Waverly Volunteer Fire/Rescue Department**  
**Membership Application**

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Are you 18 years of age or older? (Circle one) YES or NO

Occupation: \_\_\_\_\_

Do you live or work in Waverly? (Circle one) YES or NO

Email: \_\_\_\_\_

**Previous Experience involving Fire and Rescue**

1) Department Name and Location: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Responsibilities while Serving: \_\_\_\_\_

Reason (s) for leaving: \_\_\_\_\_

2) Department Name and Location: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Ended: \_\_\_\_\_

Responsibilities while Serving: \_\_\_\_\_

Reason (s) for leaving: \_\_\_\_\_

*(If needed please attach additional department details to your application)*

**Training**

Please list course names, date completed, where taken and who instructor was. Please be able to present certificates if needed.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*(If needed please attach additional training details to your application)*

Applicant Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Emergency Services Coordinator Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*Administrative Use\*\*\*\*\*

Background Check:

Passed

Failed

Drug Screen:

Passed

Failed

Clerk Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



**Waverly Volunteer Fire/Rescue Department**  
**Membership Application**

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

\*\*Please provide a copy of Drivers License\*\*

Primary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell or Home or Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

**WORK**

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work hours & Days: \_\_\_\_\_

\*\*\*\*\*

Notice and authorization to permit the city of Waverly, Nebraska to conduct background checks and request consumer reports if needed.

In connection with my application for employment and/or to volunteer, as well as my continues employment and/or volunteer in the event I am hired or allowed to volunteer, the City of Waverly, NE (the City) may conduct a background check on me, which may include a consumer report and/or law enforcement search if needed.

By my signing this document, I authorize the City to obtain a reference check, also know as a consumer report, or law enforcement background search, on me at any time. I understand that the consumer report will likely be attained from an independent credit reporting agency and may include information as to my character, general reputation, personal characteristics, criminal background, credit worthiness and mode of living. This information may be obtained from a variety of sources, including my previous employers and references supplied by others or me.

I understand that prior to taking any adverse action against me based on information contained in a consumer report, the City will give me a copy of the report and a written description of my rights under the federal Fair Credit Reporting Act ("FCRA"), as amended. If the City actually takes an adverse action against that is based on information contained in a consumer report, the City will notify me of the following; (1) the adverse action taken; (2) that the decision to take adverse action was based in whole or in part on information contained in a consumer report; (3) the name, address and phone number of the reporting agency from which the consumer report was obtained; (4) that the reporting agency did not make the decision to take adverse action against me and cannot provide specific reasons why it was taken; (5) notice of my right to obtain a free copy of my consumer report within sixty (60) days; and (6) notice of my right to dispute the accuracy or completeness of the information in my consumer report with the reporting agency,

**A summary of my rights under FCRA is attached to this Notice and authorizations. I have read and understand hat the City may conduct a reference check, background check, and/or procure a consumer report on me at anytime. Hereby give the City permission to conduct or obtain such reference checks and procure such consumer reports either directly or through and independent credit reporting agency, and this authorization shall continue throughout my volunteer duration of my employment in the event I am hired. I understand that this is a condition of my application to volunteer, as well as a condition of my ability to volunteer in the event I am hired by the city.**

Printed name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Witness, Printed name: \_\_\_\_\_

Witness, Signature: \_\_\_\_\_

Date: \_\_\_\_\_