

**Probationary Status Agreement: Fire Fighter & EMT Application Requirements** 

**Application Review Process** 

- 1. Application acceptance: By Hallam Fire officers
- 2. Interview: Hallam Fire Officers
- 3. Rural Board Approval

By applying for probationary status as a Hallam Volunteer Firefighter (FF) or Emergency Medical Technician (EMT), you agree to meet the following requirements:

**1. Participation Commitment:** 

- Respond to at least 30% of all Fire and Rescue calls.

2. Role Decision:

- Choose whether you will serve as a Firefighter, EMT, or both.

3. Training Requirements: Complete the following NIMS courses by the end of your probationary period:

- NIMS 100
- NIMS 200
- NIMS 700
- NIMS 800

- Successfully complete the Radio Traffic Training Course.

- Be trained for operations on all apparatus by the end of your probationary period.

4. Operations Test:

- Pass an operations test for all apparatus by the end of your probationary period.

5. Firefighter-Specific Requirements (if applicable): Attend and pass the Firefighter I (FF1) classes provided by the state of Nebraska, with all costs reimbursed by the Hallam Fire and Rescue Department.

- Respond to at least 30% of all Fire calls.
- Attend at least 30% of monthly membership meetings.
- Attend at least 50% of all Fire trainings.

EMT must remain on HVFD for a min of 2 yrs. after course completion. If said EMT resigns before the end of 2 yr. all affiliated course cost must be reimbursed back to HVFD. (Hallam Vol. Fire & Rescue Dept.)

c. Must complete all monthly training assigned.

d. It the Responsibility of the EMS holder to keep up on all CMU and Recertification processes and requirements. 10 hrs. / year for state and 20 hrs. for national.

By submitting your application, you acknowledge and agree to fulfill these requirements during your probationary period



## Title: Hallam Volunteer Firefighter or EMT Probationary Application Form

Public Use

| Fire FighterEMTBoth                                   | Date of Application                   |
|---|---------------------------------------|
| Last, First Name:                                     | The last 4 Digits of Soc. Sec. No.:   |
| Address:  | City, State, Zip code                 |
| Cell Phone:   | Work Phone:                           |
| Drivers License. No.:                                 | Date of Birth:                        |
| Emergency Contact Name:                               | Emergency Contact Phone Number:       |
| Employment Information                                |                                       |
| Current Employer:                                     | Occupation:                           |
| How Many Years Employed                               | How many hours per week?              |
| Skills and Experience:                                |                                       |
| Relevant Skills:                                      |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
| Does your employer have any policies for leaving work | or arriving late because of a call? – |
| [ ] Yes or [ ] No                                     |                                       |
| Briefly Explain                                       |                                       |
|   |                                       |
|   |                                       |
|   |                                       |



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| Education and Training:                    |  |  |
|--|--|--|
| Highest Level of Education?                | Relevant Certifications?                 |  |
|  |  |  |
| Have you been a Firefighter or EMT before? | If so where:                             |  |
| [ ] Yes or [ ] No                          |  |  |
| <b>Relevant Certifications:</b>            |  |  |
| - [ ] NIMS 100                             |  |  |
| - [ ] NIMS 200                             |  |  |
| - [ ] NIMS 700                             |  |  |
| - [ ] NIMS 800                             |  |  |
| - [] Radio Traffic Training                |  |  |
| - [] Other (Please Specify):               |  |  |
|  |  |  |
| Legal & Background Information:            |  |  |
| Have you ever been arrested?               | Have you ever been convicted of a crime? |  |
| [ ] Yes or [ ] No                          | [ ] Yes or [ ] No                        |  |

| [ ] res or [ ] No            | [ ] res or [ ] No                        |
|------------------------------|--|
| Have you ever been arrested? | Have you ever been convicted of a crime? |
| [ ] Yes or [ ] No            | [ ] Yes or [ ] No                        |
| Please Explain:              | Please Explain:                          |
|                              |  |
|                              |  |

| HALLAM   | Document No.: HVF&R 2024-00002 | Version No.: A       |
|--|--------------------------------|----------------------|
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Have you ever received a traffic ticket or been involved in a DUI (Driving Under the Influence) incident? [ ] Yes or [ ] No If yes, please provide details including the nature of the incident, the date, and the outcome:

Do you have any felony convictions or pending criminal charges?

[ ] Yes or [ ] No

If yes, please provide details:

| Name         | Relationship | How Many Years |  |
|--------------|--------------|----------------|--|
| Phone Number | Email:       |                |  |
| Name         | Relationship | How Many Years |  |
| Phone Number | Email:       |                |  |
| Name         | Relationship | How Many Years |  |
| Phone Number | Email:       |                |  |



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**Version Dute:** 2021 21 00

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**By submitting this application, I agree to** the following requirements during my probationary status and, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of the requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Hallam Volunteer Fire / Rescue Department to contact individuals, employers, and any other entities that become known through this verification process for background verification. It is my clear understanding that this application may or may not result in membership in the Hallam Volunteer Fire Rescue Department and that the presence of criminal history or child welfare violations, and/or any false information included in the application will preclude further processing of this application for membership and your membership application will be denied.

I hereby certify that I have read and understand the position description for Fire Responder and Rescue Responder and that I am physically capable of performing the duties of the positions for which I am applying for.

I hereby certify that I have read and do understand the current bylaws and all standard operating procedures (SOPs) of the Hallam Fire & Rescue Department. And will abide by those bylaws and SOPs while a member of the Hallam Fire & Rescue Department.

| Signature:  | Date:                        |  |  |  |
|---|------------------------------|--|--|--|
| For Office Use Only   |                              |  |  |  |
| Application Received By   | Date Received:               |  |  |  |
| Background Check Conducted [ ] Yes [ ] No   | [ ] Pass [ ] Failed          |  |  |  |
| Qualifications Met ? [ ] Yes [ ] No   |                              |  |  |  |
| Interviewed Scheduled for:  | Person Scheduling Interview: |  |  |  |
| Notes:  |                              |  |  |  |
| By signing below, you acknowledge that you have thoroughly reviewed the entire application and conducted a comprehensive background check. Additionally, you confirm that you have verified the applicant's employment history and contacted all provided references. |                              |  |  |  |
| Approvers Name: Title/H   | Position:                    |  |  |  |
|   |                              |  |  |  |
| Signature:  | Date:                        |  |  |  |