



Town of Blacksburg, Virginia  
Fire Department

Mail: P.O. Box 159  
Blacksburg, Virginia 24063

Offices: 200 Progress Street NE  
Blacksburg, Virginia 24060

Dear Applicant,

Thank you for your interest in joining the Blacksburg Fire Department. Attached is an application for the position of:

**Volunteer Firefighter**

As a Volunteer Firefighter for the Blacksburg Fire Department, your primary responsibility will be to respond to a variety of emergencies such as fires, traffic accidents, chemical spills, alarms, and other incidents where there are risks posed to life and property. You must be able to follow the directions and commands of company officers, and be able to work as part of a team. A fire scene often requires a member to be able to lift and maneuver heavy equipment, crawl through hot, smoke-filled and hazardous conditions, and encounter other events that can be both physically and mentally challenging. Because of the job's physical nature, as a volunteer firefighter you must stay in good physical shape so that fellow firefighters and residents of the town can depend on you during emergency situations. You will also be responsible for the care of the fire vehicles and equipment, as well as the fire stations themselves.

In order to select the best applicants for this position, it is our duty as a department to conduct a thorough and complete investigation into your personal, professional and private background. It is imperative for you to provide us with a complete, concise and easy to read application form.

Incomplete, erroneous or false information provided on these documents would be grounds for terminating the investigation into your background, thus eliminating you from consideration. Due caution and diligence should be observed in completing this application.

Typically, we review the applications on specific criterion. This criterion is based on the specific needs of the Fire Department. All applications will be reviewed by the BFD Membership Committee. If selected for consideration, you will be contacted to schedule an interview with the BFD Membership Committee. After the interview, if your membership is recommended by the Membership Committee, and has approval from the BFD Fire Officers, a complete and thorough background check will be conducted. If there are problems with the background, you will be contacted. If your background is cleared for membership, you will again be contacted, and invited to attend the next Fire Department Business Meeting. At this meeting, prospective members are brought up before the Fire Department Membership for a vote. A successful vote affords the applicant conditional membership in the organization. This conditional membership consists of a one-year probationary period, in which your progress in training, and level of participation as a member is reviewed at specific intervals during that year.

Applications are kept on file for one year from the date of receipt. To be considered after the expiration of one year, a new application would need to be completed.

We would like to wish you the best of luck in your future endeavors. If you have any other concerns or questions, please do not hesitate to call on us at the Fire Department.



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## MEMBERSHIP APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

### BASIC INFORMATION:

1. Full Legal Name (Last, First, Middle) \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ 3. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

(Initial Turnout Gear Sizing)

4. Height \_\_\_\_\_ Weight \_\_\_\_\_ 5. Pants Size \_\_\_\_\_ Shirt Size \_\_\_\_\_ Shoe Size \_\_\_\_\_

6. Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

7. Perm. Address: \_\_\_\_\_ 8. Local Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(CITY, STATE, ZIP CODE)

(CITY, STATE, ZIP CODE)

9. Email: \_\_\_\_\_

10. Have you previously applied for this position? (Yes/No) \_\_\_\_\_ If Yes, When? \_\_\_\_\_

11. Are you a current Blacksburg resident? (Yes/No) \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

11a. Please list approximate distance of your residence from the Fire Station: (to determine primary station)

Station 1 (Downtown) \_\_\_\_\_ Station 2 (Prices Fork Rd) \_\_\_\_\_ Station 3 (Airport) \_\_\_\_\_

12. How long do you expect to stay in the Blacksburg Area? \_\_\_\_\_

13. Are you currently part of any other organization, sports team, or club? (Yes/No) \_\_\_\_\_ If yes, what?

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: The Blacksburg Fire Department is a Volunteer Organization and we rely on the time that members can give the department. New members are required to attend all Department Meetings (held every 2<sup>nd</sup> Tuesday of the month at 7pm) and all Department Trainings (usually held on the 4<sup>th</sup> Tuesday of the month at 6pm).**

14. Will you be able to attend the required Monthly Meetings and Trainings? (Yes/No) \_\_\_\_\_

If no, why? \_\_\_\_\_

15. On average, how much available time do you have to give to the Blacksburg Fire Department:

Each Week? \_\_\_\_\_ Each Month? \_\_\_\_\_ Daytime? (8a – 5p) \_\_\_\_\_ Night? (5p- 8a) \_\_\_\_\_

Are you available on most weekends? (Yes/No) \_\_\_\_\_

**BACKGROUND INFORMATION:**

16. Have you ever been charged with or convicted of a law violation, including moving traffic violations and offenses committed before your eighteenth birthday, which were finally adjudicated in a Juvenile Court of under a Youth Offender Law? (Yes/No) \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

17. Have you ever been dismissed or forced to resign, or have you ever resigned in order to avoid being dismissed? (Yes/No) \_\_\_\_\_. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. List the Names and Addresses of three persons (not related to you) who we may contact as Character References

a.	Name _____	Relationship _____
	Address _____	Phone #: _____
b.	Name _____	Relationship _____
	Address _____	Phone #: _____
c.	Name _____	Relationship _____
	Address _____	Phone #: _____

**EMPLOYMENT HISTORY:**

19. Are you currently employed? (Yes/No) \_\_\_\_\_ May we contact your current employer? (Yes/No) \_\_\_\_\_

20. Who is your current employer?

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Dates Of Employment: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

20a. Would you be allowed to leave work to answer emergency calls? (Yes/No) \_\_\_\_\_

21. Describe any work skills or specialized training/ achievements you have had which you believe would be relevant to being a member of the Blacksburg Fire Department.

\_\_\_\_\_  
\_\_\_\_\_

## 22. Previous Employment

Give a complete record of your employment history including part time work, military service, and volunteer experience. List all experience in order, starting with your present or most recent position and working back. If additional space is needed, you may reproduce this section as necessary. Account for all periods of unemployment.

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Of Employment: \_\_\_\_\_

\_\_\_\_\_ End Of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Of Employment: \_\_\_\_\_

\_\_\_\_\_ End Of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Of Employment: \_\_\_\_\_

\_\_\_\_\_ End Of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Of Employment: \_\_\_\_\_

\_\_\_\_\_ End Of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Of Employment: \_\_\_\_\_

\_\_\_\_\_ End Of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SCHOOLING:**

(Middle/ High School)

23. Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12

23a. Name of High School Attended: \_\_\_\_\_ Graduation Date (mo/yr): \_\_\_\_\_

23b. If you expect to receive a High School Diploma within the next three months, please complete the following

Type of Diploma: \_\_\_\_\_ Date Expected to Receive Diploma: \_\_\_\_\_

24. If you did not graduate from high school, do you have a high school equivalency diploma? (Yes, No, n/a) \_\_\_\_\_

24a. If the answer to 15 is Yes, date received: \_\_\_\_\_ Source: (GED/ USAFI/ Other) \_\_\_\_\_

(College or University)

25. Have you taken College or University classes? (Yes/ No) \_\_\_\_\_

Name of School	Dates Attended (From – To)	Major or Type of Degree	Graduation Date (Or Estimated Future Date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25a. Are you currently a student? (Yes/ No) \_\_\_\_\_ If Yes, do you live on campus? (Yes/No) \_\_\_\_\_

25b. Do you have a vehicle in Blacksburg? (Yes/ No) \_\_\_\_\_

(Fire/EMS Experience)

Check all of your current **Virginia** Certifications.

- Firefighter I     
  Firefighter II     
  Hazmat Operations     
  EVOC I, II, III  
 CPR     
  EMT-B     
  EMT-I     
  Paramedic

26. Do you have any current or previous affiliation with a Fire, EMS, or other similar department? (Yes/No) \_\_\_\_\_

Department Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Training/ Certifications: \_\_\_\_\_

\_\_\_\_\_

Department Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Training/ Certifications: \_\_\_\_\_

\_\_\_\_\_

Department Name: \_\_\_\_\_ Location: \_\_\_\_\_  
 Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Training/ Certifications: \_\_\_\_\_

\_\_\_\_\_

27. List any other relevant certifications. (Be sure to include any Non- Virginia Fire or EMS Certifications)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT INFORMATION**

28. Why do you want to be a Blacksburg Firefighter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. What can the department expect to gain from your membership? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Are there any medical or physical reasons that would prevent you from performing the duties of a Firefighter?  
(If Yes Please Explain) \_\_\_\_\_  
\_\_\_\_\_

NOTE: The Blacksburg Fire Department is an Equal Opportunity Organization. It does not discriminate on the basis of race, national origin, sex, religion, age, or disability status in employment, promotion, demotion, or dismissal.

31. Is there anything else you wish to tell us about yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby certify that this is a complete record and that all entries on both sides and on all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification, and I consent to references and former employees being contacted in reference to being considered for membership. I authorize the Blacksburg Fire Department to conduct a Criminal History Background Check and Driving Record Check to be used in the evaluation process of my candidacy for membership.

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

32. Please attach a current photo of yourself.

