



**Bloomfield Volunteer Fire & Rescue Department**  
Bloomfield, IA 52537

**Member Application** (Please Print Legibly)

Hunter Grant Lee  
Last Name First Name Middle Name  
14456 118<sup>th</sup> St Drakesville IA 52552  
Address City State Zip Code

( ) (641) 242-0749  
Home Phone Work Phone

Miranda Hunter (641) 226-7928  
Mother  
Emergency Contact Phone Relationship

1. Are you legally authorized to work in the U.S.? ☒ Yes ☐ No
2. Are you 18 years of age? ☐ Yes ☒ No
3. Do you have any physical or health limitations that could interfere with your performance in the duties for which you are volunteering? ☒ Yes ☐ No  
(Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position).

If yes, please explain: \_\_\_\_\_

4. Do you have any commitments or responsibilities that might prevent you from meeting the requirements of volunteering? ☐ Yes ☒ No

If yes, please explain: \_\_\_\_\_

**Education & Training**

1. High School Davis County High school Did you Graduate? ☒ Yes ☐ No
2. College/Trade School Indian hills Subject Major: Industrial maintenance  
Did you earn your degree? ☒ Yes ☐ No (Please provide a copy of diplomas)

3. Please list any skills which you feel relate to this position: \_\_\_\_\_

4. Have you received Firefighter training in the past? ☐ Yes ☒ No  
Type of Firefighter training: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have you received first aid or CPR training in the past? ☒ Yes ☐ No  
Type of training: High school Date last certified: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Bloomfield Volunteer Fire & Rescue Department**  
Bloomfield, IA 52537

**Member Application Continued**

**Availability and Employment History**

1. What hours are you available to respond to emergency calls? 3:30 pm - 6:00 am
2. Approximate minutes from home to the Fire Station? 20 min
3. Approximate minutes from work to the Fire Station? 3 min
4. Can you be available for meetings as follows:

First and third Tuesday of every month from 7:00 p.m. to 9:00 p.m. ☒ Yes ☐ No

Training on weekends as scheduled. ☒ Yes ☐ No

5. Do you hold a current fire certification? ☐ Yes ☒ No

6. Can you attend a NFPA 1403 Basic (Essential) Training Program? ☒ Yes ☐ No

Present Employer: Citizen Mutual Supervisor's Name: Trent Gregory

Address: 114 W Jefferson St Phone: (641) 208-0028

Job Title: Intern Date Employed: 6 / 1 / 2021

Total Years Employed: 1 year Working Hours: 8 to 5

Specific Duties: \_\_\_\_\_

Does business take you out of town? ☐ Yes ☒ No

If yes, how often and on average, how long? \_\_\_\_\_

7. Military service (if applicable): Branch of service \_\_\_\_\_ Reserve status: \_\_\_\_\_

8. Any mechanical, electrical or other specialized work experience? ☒ Yes ☐ No

9. References – please list three references that are not related to you.

1. Name: Amy Mosher Phone Number: (319) 330-7717

2. Name: Dan Earnest Phone Number: (641) -226-8301

3. Name: Cathy Bos Phone Number: (641) 208-5193



**Bloomfield Volunteer Fire & Rescue Department**  
**Bloomfield, IA 52537**

In the space provided below, please use at least one half of the page to describe why you want to become a Firefighter. If more space is required feel free to use the back side of this page.

The reasons why I want to become a firefighter are because I want to serve my community of Bloomfield or Drakesville. I feel like it is my duty to give back to the community for what it has given to me. I also think it would be a great skill to have and learn it has always interested me when I see fire trucks rolling down the roads.





**Bloomfield Volunteer Fire & Rescue Department**  
Bloomfield, IA 52537

**Acknowledged Requirements**

I acknowledge and understand that application to become a firefighter with the Bloomfield Volunteer Fire & Rescue Department requires the following commitment:

1. Refer to volunteer policy.

Selected applicants will be subject to a 12-month probationary period with review after six (6) months. The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings on the First and third Tuesday of every month from 7:00 p.m. to 9:00 p.m.
2. Attend training on weekends as scheduled, not to exceed more than 1 weekend every other month?

There will be additional training required after becoming an active member of the Fire Department. Firefighters will be required to:

1. Complete NFPA 1403 Basic (Essentials) course within the first two (2) years. Tuition paid by the Bloomfield Volunteer Fire & Rescue Department.
2. Complete Healthcare Provider level CPR within the first 6 months of joining.
3. Attend Hazardous Materials training (Awareness level). Within the first two (2) years.
4. Attend training as designated by the Fire Chief of the Bloomfield Volunteer Fire & Rescue Department.
5. Being a Firefighter is an emotionally challenging job and provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual Firefighter on the Department.

**I have read these requirements and agree to them.**

Date: 1 / 18 / 22 Signature of Applicant: Grant Hunter

**To be signed by Applicant's Employer**

I Trent Gregory, the employer of Grant Hunter agree to release said individual during work hours to respond to emergency calls within the Bloomfield Volunteer Fire & Rescue District.

List any restrictions: \_\_\_\_\_

Date: 1 / 21 / 2022 Employer Signature: Trent Gregory



## Bloomfield Volunteer Fire & Rescue Department Bloomfield, IA 52537

### The Department's Expectations of its Members

The Fire Department is an active, highly visible part of the City of Bloomfield. Due to the fact that a firefighter is placed in an environment where others personal property and safety are in jeopardy, the Department expects its members to be of high moral character and integrity.

As a member of the Bloomfield Volunteer Fire & Rescue Department it may be your responsibility to protect others assets and life, consistent with the following:

1. Your actions should in no way discredit the City of Bloomfield or the Bloomfield Volunteer Fire & Rescue Department.
2. Respect for others must be maintained by not using statements in public that will be construed by the public to be discriminatory or negate Department policy.
3. Put effort into becoming a member of the team; exhibiting a determination to bring the greatest harmony among the Department members.
4. Be willing to assume reasonable "extra" duties that will be of benefit to the Department and the citizens it serves.
5. Become familiar with the Department policies and standard operating procedures, which will be followed always.
6. Respond in a safe and efficient manner to fire and rescue situations.
7. Participate in special Fire Department events.
8. Be aware that emergency situations may occur at any hour of the day, and at any time of the year; thereby causing you to be separated from family and friends, occasionally at inopportune times.
9. As you are a member of a team effort; your opinions, views, talents and ideas are important for efficient Department functioning. Therefore, the membership encourages you to express your concerns and ideas without fear of personal incrimination.

I have read and understand what the Bloomfield Volunteer Fire & Rescue Department expects of me if I become a member of the Department.

Date: 1 / 18 / 22 Signature of Applicant: [Signature]  
Date: 1 / 18 / 22 Signature of Witness: [Signature]





**Bloomfield Volunteer Fire & Rescue Department**  
Bloomfield, IA 52537

**Waiver and Release**

Please read each paragraph closely, initial each and sign below.

JK I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant has personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

JK I hereby authorize the City of Bloomfield and Bloomfield Volunteer Fire & Rescue Department to thoroughly investigate my references, work records, education, driving record, criminal history background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to the City of Bloomfield and Bloomfield Volunteer Fire Department all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release the City of Bloomfield and Bloomfield Volunteer Fire & Rescue Department, my former employers, and all other persons, corporations, partnerships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

JK I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the City of Bloomfield and Bloomfield Volunteer Fire & Rescue Department, other than one that is "at will". I understand and agree that if I am employed; my employment will be of an "at will" nature, whereby either the employee or the City of Bloomfield and/or Bloomfield Volunteer Fire & Rescue Department may terminate the employment relationship at any time, with or without cause or notice. I further understand that my employment, if hired, is for no definite or determinable period of time and may be terminated at any time, at the option of either myself or the City of Bloomfield and/or Bloomfield Volunteer Fire & Rescue Department, and that no promise or representation contrary to the foregoing is binding on the Department unless made in writing and signed by myself and the Bloomfield Volunteer Fire & Rescue Department's acting Chief.

JK I understand the following information will be used only for the purpose as aforementioned. And, that all records will be kept secure and confidential.

Driver's License Number: 319AP4209 State of Issuance: IA

Social Security Number: 478 356081 (Please provide copy of DL & SS Card)

Date: 1/18/22 Signature of Applicant: [Signature]

Date: 1/19/22 Signature of Witness: [Signature]

