



Bloomfield Volunteer Fire & Rescue Department
Bloomfield, IA 52537

Member Application (Please Print Legibly)

Johnson Last Name Preston First Name Amos Middle Name

108 North Pine Street Address Bloomfield City IA State 52537 Zip Code

() Home Phone (641) 799-8552 Work Phone

Grace Johnson Emergency Contact (660) 216-4443 Phone Relationship wife

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 Johnson Homeschool Did you Graduate? ☒ Yes ☐ No
2. College/Trade School _____ Subject Major: _____
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: Active, dependable

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: _____ Date last certified: ____/____/____



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Member Application Continued

Availability and Employment History

1. What hours are you available to respond to emergency calls? Varies, work Swing Shift
2. Approximate minutes from home to the Fire Station? 2 minutes
3. Approximate minutes from work to the Fire Station? 45 minutes
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: Cargill Supervisor's Name: Terry Owens
Address: 17540 Monroe Wapello Rd., Eddyville, IA 52553 Phone: (641) 969-4511
Job Title: Production Technician Date Employed: 8 / 18 / 2021
Total Years Employed: 7 months Working Hours: Swing Shift
Specific Duties: Load chemical products on tanker truck and tanker railcar
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: Clayton Thompson Phone Number: (641) 208-7941
 2. Name: Jay Froeh Phone Number: (319) 677-6277
 3. Name: Cole Jones Phone Number: (641) 777-9606



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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.

Why I want to become a firefighter is to help people. Since I was young I've always wanted to be a first responder. Always wanted to do a job that can make a difference. Just the thrill from riding in a big truck with a loud siren and flashing lights, but also knowing that I can help someone who's needing helped. Also trying to make a difference in Davis County. Austin also wanted me to say this reason and another reason for wanting to become a firefighter is to be like my cousin and uncle.



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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: 3 / 11 / 2022 Signature of Applicant: [Signature]

Date: 3 / 11 / 2022 Signature of Witness: [Signature]



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Waiver and Release

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

PS 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.

PS 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.

PS 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.

PS 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: 796AK0570 State of Issuance: Iowa

Social Security Number: 483-29-5846 (Please provide copy of DL & SS Card)

Date: 3 / 11 / 2022 Signature of Applicant: [Signature]

Date: 3 / 11 / 2022 Signature of Witness: [Signature]

