



Huxley Fire and Rescue
104 E. Railway (Physical)
515 N. Main (Mailing)
Huxley, Iowa 50124
515-597-2345

Thank you for your interest in joining Huxley Fire and Rescue. Enclosed, you will find our department application. Once you complete the application please drop it off at City Hall. One of our department members will be getting in touch with you and inviting you to our next business meeting to introduce yourself to our members, and then after the meeting you will be asked to have a short meeting with our interview group.

Our department meetings are always the first Tuesday of each month at 7:00pm.

If you have any questions feel free to contact me at gfagen@huxleyiowa.org.

Thank you,

Garrett Fagen
Huxley Fire and Rescue
Fire Chief



Huxley Fire and Rescue

104 E. Railway (Physical)
515 N. Main Ave (Mailing)
Huxley, Iowa 50124

Member Application Package

Thank you for your interest in becoming a member of the Huxley Fire and Rescue. Volunteering is very demanding. It takes a lot of time and can be emotionally stressful. Please be sure that you can meet the commitment before you apply.

Please follow these steps to apply:

1. Fully complete the application
2. Sign the Certification and Agreement Form
3. Sign the Huxley Fire and Rescue Service Commitment
4. Attach a copy of your Driver's License
5. Attach a copy of all your certifications, CPR card, and any other relevant training records
6. Direct any questions to Chief Fagen at gfagen@huxleyiowa.org
7. Return the completed application package to:

Fire Chief Garrett Fagen
515 N. Main Ave
Huxley, Iowa 50124

Huxley Fire and Rescue does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, veteran status, or any other protected status.

Huxley Fire and Rescue Member Application

Personal:

Name: _____ Date: _____
Last First Middle

Address: (Number & Street) _____
 (City, State, Zip Code) _____

Daytime Phone Number: _____ Evening Phone Number: _____

Desired start date: _____ E-mail Address: _____

Social Security Number: _____ Are you over 18 years old? Yes No

Education:

School	Years Completed (circle one)	Diploma/Degree Earned	List School(s), City/State
High School	1 2 3 4	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College and/or Vocational School	1 2 3 4		
Other Training or Degrees			

Fire Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Professional Membership(s): _____

EMS Certification (If you are not certified, please leave blank):

Attach Copy of All Certification(s)

Type of Certification(s) Held: _____

Iowa Certification Number: _____ Expiration Date: _____

Professional Membership(s): _____

Record of Conviction:

Have you ever been convicted of a crime other than minor traffic offense? Yes No

If yes, fully explain: _____

(A conviction will not necessarily automatically disqualify you for membership. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

Employment:

Please list employment history, with your current employer first (including U.S. Military Service), for the last 10 years . If any employment was under a different name, indicate name.

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Telephone: _____ Dates of Employment:

From	To
(Mo/Yr)	(Mo/Yr)

Supervisor: _____ Department: _____

(Circle one) FT PT No. of Hrs. per Week: _____

Duties: _____

Reason for Leaving: _____

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job, or resigned to avoid termination?

___ Yes ___ No If yes, explain: _____

Have you ever been an applicant or member of any fire or rescue agency? ___ Yes ___ No

If so, please state agency name, location, contact information, and dates of membership _____

Please describe any additional work experience, volunteering, community involvement, or training: _____

References:

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

Applicant's Certification and Agreement

- ▶ I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I authorize Huxley Fire and Rescue, its Officers, and or the City of Huxley to verify their accuracy and to obtain reference information by contacting educational institutions, references or employers, and to rely on and use such information as they see fit.
- ▶ I hereby release Huxley Fire and Rescue, its Officers, members, and the City of Huxley from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having a membership decision based on such information. This application and all information obtained is the property of Huxley Fire and Rescue.
- ▶ I understand that, if granted membership, falsified statements of any kind or omissions of facts called for on this application, regardless of the time of discovery, shall be considered sufficient basis for dismissal.
- ▶ I understand that should an offer of membership be extended to me and accepted that I will fully adhere to the policies, rules and regulations of the department. However, I further understand that neither the policies, rules, regulations of membership or anything said during the interview process shall be deemed to constitute the terms of an implied contract for continued membership. I understand that any membership is for an indefinite duration and at will and that either I or the department may terminate my membership at any time with or without notice or cause.
- ▶ I understand that if I am offered membership, membership is conditioned upon my providing such other and further information as may be required by Huxley Fire and Rescue, its Officers, and or the City of Huxley.

Signature of Applicant

Date

Printed Name of Applicant

Department Use Only: Do not write in this space.

Application received by:	
Date application received:	Date of interview:
Date voted to membership:	Six months probation end date:



Huxley Fire Department Service Commitment

I hereby commit to:

- _____ Provide volunteer on call service including days, nights, weekends, and holidays and agree to meet the minimum attendance requirements as established by Huxley Fire and Rescue.
- _____ Provide a minimum of 24 consecutive months of service.
- _____ Attend required monthly business and training meetings.
- _____ Maintain Fire & EMS certifications and complete all required skills drills.
- _____ Comply with the standard operating guidelines, policies, and procedures of the department and the direction of the command staff at all times.
- _____ Maintain patient confidentiality.

I understand membership is at-will, and may be terminated at any time with justifiable cause by Huxley Fire and Rescue, its Officers, and or the City of Huxley.

Signature of Applicant

Date



Waiver of Responsibility

City of Huxley

City of Huxley
515 North Main
Huxley, Iowa 50124

I, _____, do hereby waive, relieve and absolve the City of Huxley, officers, directors, agents, assignees and other duly authorized personnel thereof, of any and all claims arising out of my participation in a criminal background record check.

I further waive any and all claims for any negligence, real or alleged against any member officer, agent or assignee of the City of Huxley in the results of the criminal background check.

I FULLY UNDERSTAND THAT THIS IS A WAIVER OF LIABILITY AND SIGN NAME OF MY OWN FREE WILL.

Background check will consist of:

- 1.) Driving record
- 2.) Criminal History check
- 3.) County and local files
- 4.) Credit Bureau check
- 5.) Sex offender registry check

This information is confidential and will be treated accordingly.

Legal Signature

Date

SS #

Date of Birth

Permanent Address

Present Address

Phone number

Witness:

Name

Date





STATE OF IOWA Criminal History Record Check Request Form



To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

DCI Account Number: _____
(if applicable)

From: _____

Phone: _____
Fax: _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Membership Requirements

Date Issued: 07/02/2013

Date Approved: 07/02/2013

Purpose and Scope:

To establish a written policy outlining membership programs of the Huxley Fire & Rescue. This policy applies to all applicants and members of the department.

Definition:

Probationary Member – Individual whose application for membership has been approved and maintains the required participation standards. Probationary period is six (6) months, which may be extended until all probationary requirements are met.

Active Member – Individual whose application for membership has been approved, has met the probationary requirements, maintains the required participation standards, and has met and maintains the certification requirements. Members will be classified as resident and non-resident.

Honorary Member – Individual, who has been an active member for no less than 15 years, has rendered service to the Department and, or upon whom the Fire Chief or fire department elects to award this (title) honor.

General Membership Required Participation Standards:

Any person regardless of race, creed, religion, or sex, who is of good character, shall be eligible for membership. Prospective members must meet the following qualifications:

1. Must first fill out an application.
2. Must then be approved by the Interview Committee.
3. Must be at least 18 years of age.
4. Must be a United States citizen.
5. Must be able to speak, read, write and understand English.
6. Must be of good moral character and have acceptable references.
7. Must be able to physically perform the duties of the job as described (General Description of Fire & EMS Activities).
8. Must possess a current Iowa driver license.
9. Must have an acceptable driving record and acceptable criminal background. Background investigation criteria for rejection: Any felony charges or serious misdemeanors, any current or recent suspension or restriction of driver's license which is the result of legal action be it a court or administrative agency, or any recent criminal activity that is determined by the Department Interview/Hiring Committee to be unacceptable.
10. Must pass physical examination as described in (Medical Evaluation Program).
11. Members must successfully complete the orientation and new recruit training program in the allotted time and meet requirements for meeting and call response during the new recruit training period.

Resident

Program covers those people who live in Huxley or within three (3) miles of the Huxley Fire Station.

Non-Resident

1. Those living beyond three (3) miles from the Huxley Fire Station are required to be at the Fire Station or within the three (3) miles while on call or responding to a dispatched call. Sleeping quarters are provided at the Fire Station.
2. Individuals who have full time employment within the corporate limits of Huxley are able to be on call and respond to a dispatched call. Members must provide a written letter from their employer that supports employee leaving the company to respond to calls.

Requirement to Maintain

1. Must attend 75% of monthly member Fire or EMS trainings unless special permission is acquired by an Officer due to special circumstances per calendar year.
2. Must attend 75% of the monthly Department meetings unless special permission is acquired by an Officer due to special circumstances per calendar year.
3. All required Fire and EMS Certification must be active and a copy provided to the Deputy Chiefs, including but not limited to BLS CPR.
4. Gear and department issued equipment must be maintained by member. Any damages or malfunctions should be reported to officers appropriately using Department Maintenance and Equipment Repair Request Form.
5. If Fire or EMS gear provided by the department is used outside of the department for non-official use, you must have prior officer permission. The member is responsible for any damages and loss occurred while using gear for non-official use.
6. Appropriate behavior must be maintained while wearing gear with department logo in public.
7. Support all mutual aid members at all times. Be supportive and cooperative.
8. Any member who fails to maintain membership requirements will be subject to disciplinary action.
9. Any member who fails to maintain the training requirements will be suspended from responding to emergency calls until they are back in compliance. This will be enforced by the Deputy Chiefs.

Department Support Requirement - Participation is required in at least 4 of the following events or committees per calendar year:

1. Prairie Fest BBQ
2. Prairie Fest Parade
3. Plant Sale
4. Homecoming Parade
5. Any New ideas presented by the department or Fire Chief
6. Medical Standby for community events
7. Ballard Sports Medical Standby
8. Station Clean-Up Days
9. Requested escorts