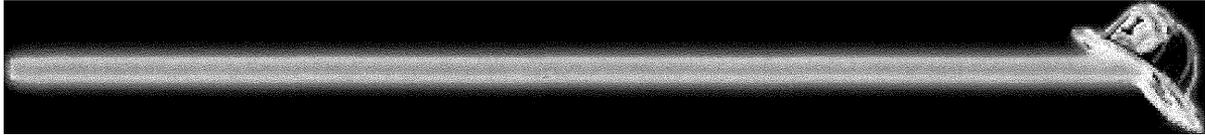


BAYSIDE AND WOMEN 'S BAY FIRE STATION

APPLICATION FOR MEMBERSHIP



THE BAYSIDE AND WOMEN'S BAY FIRE STATIONS PROVIDES FIRE PROTECTION AND EMERGENCY MEDICAL SERVICES FOR THE RESIDENTS OF FIRE PROTECTION DISTRICT NO. 1 AND THE WOMEN'S BAY SERVICE AREA. LOGISTICAL SUPPORT IS ALSO PROVIDED TO EMERGENCY RESPONDERS THROUGH THE FIRE CORPPROGRAM.

THE BAYSIDE AND WOMEN'S BAY FIRE STATIONS ALSO ASSISTS ALL OTHER FIRE DEPARTMENTS AND EMERGENCY SERVICES ORGANIZATIONS ON THE KODIAK ROAD SYSTEM, WHEN REQUESTED UNDER ESTABLISHED MUTUAL AID AGREEMENTS.

ALL PROSPECTIVE MEMBERS OF THE BAYSIDE AND WOMEN'S BAY FIRE STATIONS ARE REQUIRED TO BE AT LEAST SIXTEEN YEARS OF AGE, THEY MUST LIVE WITHIN THE BOUNDARIES OF FIRE PROTECTION DISTRICT NO. 1, WOMEN'S BAY SERVICE AREA, COAST GUARD BASE, OR THE KODIAK CITY LIMITS. MUST BE IN GOOD PHYSICAL CONDITION, AND CAPABLE OF PERFORMING STRENUOUS WORK UNDER ADVERSE C O N D I T I O N S.

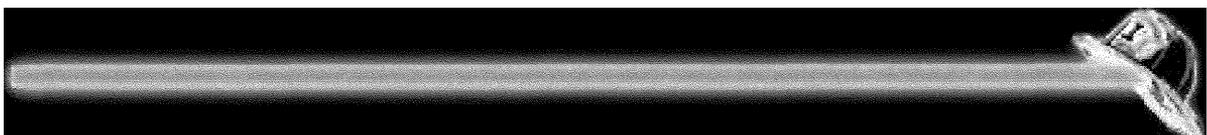
PROSPECTIVE MEMBERS MUST SUCCESSFULLY COMPLETE THE RECRUIT TRAINING OR ORIENTATION PROGRAM, PHYSICAL EXAM, AND ONE YEAR PROBATION. MEMBERS MUST MAINTAIN DEPARTMENT PRESCRIBED PROFICIENCY LEVELS BY ATTENDING SCHEDULED DRILLS. MEMBERS MUST BE ABLE TO RESPOND TO ALARMS.

PROSPECTIVE MEMBERS MUST BE ABLE TO WORK UNDER THE GUIDELINES AND POLICIES ESTABLISHED BY THE BAYSIDE AND WOMEN'S BAY FIRE STATIONS AND KODIAK ISLAND BOROUGH. THESE INCLUDE, BUT ARE NOT LIMITED TO; SEXUAL HARASSMENT, DRUG FREE WORK PLACE, AND BLOODEBORNE PATHOGENS.

ALL PROSPECTIVE MEMBERS WILL BE APPROVED OR DISAPPROVED BY THE CHIEF.

AFTER BEING ACCEPTED FOR MEMBERSHIP, MEMBERS WILL BE COVERED UNDER THE KODIAK ISLAND BOROUGH WORKER'S COMPENSATION AND COMPREHENSIVE DEATH AND DISABILITY INSURANCE PROGRAM.

THE KODIAK ISLAND BOROUGH IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS WILL NOT BE DISCRIMINATED AGAINST BECAUSE OF; AGE, SEX, SEXUAL ORIENTATION, MARITAL STATUS, CHANGES IN MARITAL STATUS, PREGNANCY OR PARENTHOOD, RACE, RELIGION, COLOR, NATIONAL ORIGIN, UNION ACTIVITY, OR DISABILITY.



NAME: _____

STREET
ADDRESS: _____

MAILING
ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE
NO: _____ STATE: _____

DO YOU HAVE ANY PHYSICAL IMPAIRMENT THAT WOULD REQUIRE SPECIAL
ACCOMMODATIONS ACCORDING TO ADA REGULATIONS: (circle one) YES
NO

IF YES, PLEASE DESCRIBE: _____

PLEASE DESCRIBE ANY PREVIOUS FIREFIGHTING EXPERIENCE:

PLEASE DESCRIBE ANY PREVIOUS CPR, FIRST AID, OR EMS EXPERIENCE:

CURRENT OCCUPATION: _

CURRENT EMPLOYER: _

WORK PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _

PLEASE LIST THREE REFERENCES (not related to you) AND PHONE NUMBERS:

PLEASE LIST THE NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP OF THE PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY:

BRIEFLY DESCRIBE WHAT YOU EXPECT IF YOU BECOME A MEMBER:

BRIEFLY DESCRIBE WHY YOU WANT TO BE A MEMBER:

BRIEFLY DESCRIBE WHAT YOU HAVE TO OFFER IF YOU BECOME A MEMBER:

MEDICAL QUESTIONNAIRE

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES", PLEASE EXPLAIN BELOW.

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you for membership. If deemed necessary the Chief may require a doctors opinion on whether the candidate is medically fit to perform the duties required.

- | | | |
|---|-----|----|
| 1. Have you lost use of either eye? | Yes | No |
| 2. Do you wear corrective lenses? | Yes | No |
| 3. Are you color blind? | Yes | No |
| 4. Do you have any difficulty hearing? | Yes | No |
| 5. Do you use a hearing aid? | Yes | No |
| 6. Have you ever been treated for diabetes? | Yes | No |
| 7. Have you ever been treated for heart disease? | Yes | No |
| 8. Do you have a pace maker? | Yes | No |
| 9. Have you ever been treated for epilepsy? | Yes | No |
| 10. Have you ever been treated for high blood pressure? | Yes | No |
| 11. Have you lost an arm or leg? | Yes | No |
| 12. Have you ever had, or been treated for convulsions? | Yes | No |
| 13. Have you ever had fainting spells? | Yes | No |
| 14. Have you ever had or been treated for loss of | Yes | No |
| 15. Have you ever been treated for drug or alcohol abuse? | Yes | No |
| 16. Have you ever been treated for mental illness? | Yes | No |
| 17. Have you ever been treated for a broken bone? | Yes | No |
| 18. Have you ever had surgery? | Yes | No |
| 19. Are you currently being treated by a physician? | Yes | No |

REMARKS: _____

CRIMINAL HISTORY, DRIVING RECORDS, IMMIGRATION REQUIREMENTS AND SOCIAL SECURITY NUMBER DISCLOSURE:

Criminal History

Applicants must include a copy of their criminal history with their application.

The criminal history cannot be more than 30 days old when submitted.

The Bayside and Women's Bay Fire Stations provide Emergency Medical Services; criminal histories are required to assure compliance with Alaska Administrative Code 26.950.

ACTIVE DUTY COAST GUARD AND MILITARY MEMBERS ARE EXEMPT FROM THIS REQUIREMENT.

Criminal Histories are available at:

Alaska State Trooper Post
2921 Mill bay Road
Kodiak, AK 99615
(907) 486-4121

Drivers Record

Applicants must include a copy of their driver's record with their application.

The driver's record cannot be more than 30 days old when submitted.

ACTIVE DUTY COAST GUARD AND MILITARY MEMBERS ARE EXEMPT FROM THIS REQUIREMENT.

Driver's Records are available at:

Division of Motor Vehicles
2921 Mill Bay Road
Kodiak, AK
99615
(907) 486-4612

Immigrations

All U.S. employers are responsible for completion and retention of Form I-9 for each individual they hire for employment in the United States. This includes volunteers. On the form, the employer must verify the employment eligibility and identity documents presented by the employee and record the document information on the Form I-9. After being accepted for membership, the applicant will be required to fill out a Form I-9.

Social Security Number

Your Social Security number is required to process your application and will be used for wage and tax reporting, worker's compensation, insurance, and benefits.

APPLICANTS STATEMENT:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for membership. I understand that false and/or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Bayside and Women's Bay Fire Stations and applicable rules and regulations of the Kodiak Island Borough if approved for membership.

Printed name of applicant

Signature of applicant

Date

FOR 16 AND 17 YEAR OLD APPLICANTS

I am the parent or legal guardian for: _____ and I
give my permission for him/her to be a volunteer with the Bayside and Women's Bay
Fire Stations.

Printed name of parent/guardian

Signature of parent/Guardian

FOR OFFICE USE ONLY

DATE APPLICATION
RECEIVED: _____

DATE APPLICATION
REVIEWED: _____

____ APPROVED ____ DISAPPROVED

SIGNATURE OF FIRE
CHIEF: _____