



# Polk City Fire Department

309 West Van Dorn  
Polk City, IA 50226

## Member Application Package

Thank you for your interest in becoming a member of the Polk City Fire Department.

Please follow these steps to apply:

1. Fully complete the application
2. Attach a copy of your Driver's License
3. Attach a copy of all your certifications, CPR card, and any other relevant training records
4. Attach a copy of resume with 3 professional references
5. Direct any questions to Chief Hogrefe at (515) 984-6304
6. Return the completed application package to:

Fire Chief Karla Hogrefe  
Polk City Fire Department  
309 West Van Dorn  
P.O. Box 34  
Polk City, IA 50226  
[Karla.hogrefe@polkcityfd.com](mailto:Karla.hogrefe@polkcityfd.com)

The Polk City Fire Department 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.

# Polk City Fire Department 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: ___ Yes ___ No G.E.D.: ___ Yes ___ 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).*

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

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

## Professional 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 the Polk City Fire Department, its Officers, and or the City of Polk City 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 the Polk City Fire Department, its Officers, members, and the City of Polk City 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 the Polk City Fire Department.
- ▶ 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 the Polk City Fire Department, its Officers, and or the City of Polk City.

\_\_\_\_\_  
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 Hired:	12 months probation end date:

