

Firefighter Application

Current Employer: _____

Employer Address: _____

Current Supervisor: _____ **Work #** _____

Highest Level of Education Completed (Circle Answer)

GED High School Some College Associates Degree Bachelor's

Have you served in the US Military? _____ **Total Years:** _____

Do you have any experience or training in any of the following?

Firefighter EMS Rescue Law Enforcement CPR HazMat

Describe any special skills that may benefit you/us in this position:

Firefighter Application

Motor Vehicle Record / Criminal Background Check

All new member applicants will undergo a background check to confirm a valid Oklahoma operator's license, check traffic/motor vehicle records, criminal records, and warrants. Applicants with felony convictions, serious or multiple traffic offenses, outstanding warrants, serious misdemeanor convictions, current charges, or other records that would tend to indicate a disrespect for the law or for the person or property of others, or a lack of safe driving skills may be denied membership or have an offer of membership withdrawn. The nature, frequency, severity, and length of time since the offenses will all weight into the decision which must be made on a case-by-case basis. Such deliberations and the records of the background check shall be maintained in a confidential manner as a part of the applicant/employee's permanent confidential personnel file and not disclosed publicly.

Oklahoma Drivers License Number: _____

Commercial? Yes No Class: A B C D M Expiration Date: _____

Personal Vehicle Make & Model: _____

License Plate: _____ Vehicle Insurance Carrier _____

List all moving violation convictions or diversions within the last three years:

Have you ever been convicted of, plead or plea bargained to, or been granted a diversion on DUI/DWI, Vehicular Assault or Battery or Manslaughter, Reckless Driving, or Fleeing and Eluding? Yes No

Have you ever had a driver's license suspended, cancelled, or revoked? Yes No

Do you use any illegal drugs or are you addicted to any legal or illegal drug including alcohol? Yes No

Firefighter Application

Health History

Firefighting is a physically demanding task, which can present specific hazards in the event of certain types of pre-existing health problems. To determine if you can safely participate in the activities of the department, it is necessary to ask you certain health questions. This information will remain in your confidential personnel file and will not be released without your express consent. The existence of a pre-existing health condition does not in and of itself exclude you from membership, but must be evaluated by yourself, departmental officers, and in some cases your physician to determine if it is appropriate for you to become a firefighter.

Do you have any physical or mental health conditions that may limit your ability to perform any of the duties of a firefighter, including the wearing of a respirator during hard physical exertion, lifting heavy objects, climbing a ladder, or working in a smoky environment? **Yes No**

Petition for Membership

I hereby acknowledge that all the information contained in all portions of this application is true and correct to the best of my knowledge. I understand that falsification of any portion of the application or supporting documents will be ground for immediate dismissal or rejection of my application. I desire to be an active part of the Cashion Fire Department and request that I be accepted into membership. If selected for membership, I will endeavor to the best of my ability to abide by the bylaws, policies and procedures, and standard operating guidelines of the department and any applicable local, state and federal statues or regulations as I strive to help fulfill the vision and mission of the department. I understand that if selected, I will start with a one year probationary period, during which time I can evaluate the department and the department can evaluate me while I learn my new job. I will attend the majority of meetings and training sessions throughout my membership, and will respond to as many alarms as I am capable. With these things in mind, I desire to join and request membership on the Cashion Fire Department.

Applicant Signature

Date

Firefighter Application

Release of Information

I _____ hereby authorize the Cashion Fire Department, former employers, and any law enforcement agency requested to assist, to conduct an investigation into my motor vehicle/traffic record, criminal record, military record, and employment history, including checks of the department of motor vehicle records and any criminal databases. I understand that falsification of any of these records will be grounds for my dismissal from the department. I further release from all responsibility all involved in conducting this check and authorize them to release this information to the Cashion Fire Department. I understand that this information will remain a permanent part of my confidential personnel file and will not be further released without my express authorization.

Applicant

Print Full Legal Name	Date of Birth	Last 4 of SSN
Applicant Signature	Date	

Witness

Witness Full Legal Name	
Witness Signature	Date

Firefighter Application

Employee Emergency Data Form

Full Name: _____
First Middle Last

Address: _____
Street City State Zip

Telephone: _____
Cell Phone Cell Phone Carrier Home Phone

In Case of Emergency Person to Notify:

Full Name: _____
First Middle Last

Address: _____
Street City State Zip

Telephone: _____
Cell Phone Work Phone Home Phone

Allergies or Significant Health Conditions:

Physician: _____ **Phone:** _____

Physician Address: _____

Signature

Date

Firefighter Application

Firefighter Code of Ethics

I understand that I have the responsibility to conduct myself in a manner that reflects proper ethical behavior and integrity. In so doing, I will help foster a continuing positive public perception of the fire service. Therefore, I pledge the following...

- Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- Accept responsibility for my actions and for the consequences of my actions.
- Support the concept of fairness and the value of diverse thoughts and opinions.
- Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- Be respectful and conscious of each member's safety and welfare.
- Recognize that I serve in a position of public trust that requires stewardship in the honest and efficient use of publicly owned resources, including uniforms, facilities, vehicles and equipment and that these are protected from misuse and theft.
- Exercise professionalism, competence, respect and loyalty in the performance of my duties and use information, confidential or otherwise, gained by virtue of my position, only to benefit those I am entrusted to serve.
- Avoid financial investments, outside employment, outside business interests or activities that conflict with or are enhanced by my official position or have the potential to create the perception of impropriety.
- Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- Never engage in activities involving alcohol or other substance use or abuse that can impair my mental state or the performance of my duties and compromise safety.
- Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual preference, medical condition or handicap.
- Never harass, intimidate or threaten fellow members of the service or the public and stop or report the actions of other firefighters who engage in such behaviors.
- Responsibly use social networking, electronic communications, or other media technology opportunities in a manner that does not discredit, dishonor or embarrass my organization, the fire service and the public. I also understand that failure to resolve or report inappropriate use of this media equates to condoning this behavior.

Applicant Signature

Date



Oklahoma Firefighters Pension and Retirement System

4545 N. Lincoln Blvd., Suite 265
Oklahoma City, Oklahoma 73105-3407
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643
www.okfirepen.state.ok.us



EMPLOYEE ENTRANCE APPLICATION

Firefighters are entitled to member benefits under the pension system only upon receipt of this application in the pension office. Do Not wait until the probation period has ended to send in the Form 13.

Dept _____ Social Security Number _____
County _____ Code _____

Name (Last) _____ (First) _____ (Middle) _____
(as shown on current social security card)

Address _____
City _____ State _____ Zip _____

Phone _____ Sex _____ Birthdate _____ Status: Paid _____ Volunteer _____
mo. day yr.

Have you previously served on this or any other fire department in Oklahoma? If yes, list department(s) below.

(city) From _____ to _____ Pd. _____ Vol. _____

(city) From _____ to _____ Pd. _____ Vol. _____

(For Office Use Only -- Total Additional Service Time:)
Prepared by _____ Date _____ yrs. mo. days
Reviewed by _____ Date _____

Have you ever received a Refund of Contributions from the Firefighters Pension & Retirement System? _____
If Refund was received, it must be returned (plus ten percent interest from date of withdrawal) in order for previous service time to count towards retirement.

Have you ever served in the armed forces of the United States? If so, submit a copy of your service record including date of entry, date of discharge, and proof of an honorable discharge.

Spouse's Name _____ Birthdate _____ Marriage Date _____

child's name mo. day yr. child's name mo. day yr. child's name mo. day yr.
child's name mo. day yr. child's name mo. day yr. child's name mo. day yr.

Signature _____
Applicant

Date Hired: _____
Fire Chief

MUST BE COMPLETED, SIGNED AND NOTARIZED

PRIMARY RECIPIENT: The *primary* recipient is the sole recipient if living at the time of the member's death.

CONTINGENT RECIPIENT: The contingent *recipient* is the recipient if all *primary* recipients are deceased.

MINOR RECIPIENT: In the event a minor child is designated as recipient, under the provisions of Oklahoma law it will be necessary that a guardian (if other than the natural parent) be appointed by the court before payments are made

REVOKING PREVIOUS DESIGNATION OF RECIPIENT: By this election, I hereby revoke all other and former designations made by me and expressly reserve the right to make other and further changes at any time I may elect. If there is no designated recipient living at the time of my death, any amounts due me shall be paid as provided by the Oklahoma Firefighters Pension and Retirement System Law.

State of _____)

County of _____)

Member's Signature

Mailing Address

City State Zip

Phone Number

_____, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires _____

Notary Public

RELEASE OF INFORMATION FOR PAID AND VOLUNTEER MEMBERS

I, _____, authorize the Oklahoma Firefighters Pension and Retirement Board ("Board") to conduct a physical examination, as required by 11 O.S. §49-116, in order for me to participate in the retirement system and qualify to receive any pension benefits, if applicable. Further, I consent to the release of the examination results, and any other information, including but not limited to medical information relating to the existence of my disability, if any, or any other information related to my pension benefits, to personnel authorized by the Board, participating employer, local pension board, physicians or medical personnel selected by the Board, and to Board members, for appropriate review and the determination of disability or regular pension benefits.

Applicant

State of Oklahoma)

County of _____)

I hereby certify that the above and foregoing release was executed by _____ on this _____ day of _____.

My commission expires _____

Notary Public _____

PLEASE ENCLOSE:

FORM 11: DESIGNATION OF RECEIPT FOR DEATH BENEFIT

SSA - 1945: STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY

AGILITY TEST

\$60 CHECK FOR VOLUNTEER APPLICATIONS* (UNLESS DEPARTMENT IS AN APPROVED EXEMPT DEPARTMENT)

Return to: **OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM**
4545 N. Lincoln Blvd., Suite 265
Oklahoma City, OK 73105-3407

*\$60 check is to cover first calendar year of required volunteer contributions, failure to remit check will result in a return of this application.



Oklahoma Firefighters Pension and Retirement System

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DESIGNATION OF RECIPIENT FOR \$5,000 DEATH BENEFITS

ME _____ SSN _____
E DEPT. _____ ACTIVE _____ RETIRED _____
UNTY _____ DATE _____

the Law provides the eligible spouse will receive the death benefit before any primary or contingent recipient considered. List your spouse as primary recipient only if you have been married less than 30 months and wish to make her a recipient.

SECTION 1. PRIMARY RECIPIENT OR RECIPIENTS: If more than one recipient is named in this section, the interest of all recipients shall be equal. Upon death of any designated *primary* recipient, his/her interest shall pass to the remaining *primary* recipient in equal shares.

1. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

2. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

3. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

as many primary recipient(s) if living, or in the event of prior death of all the primary recipients, then payment is to be made to the contingent recipient(s) in Section 2.

SECTION 2. CONTINGENT RECIPIENT OR RECIPIENTS: Payment will be made to *contingent* recipients if all *primary* recipients are deceased. If more than one *contingent* recipient is named, payment will be made in equal shares. Upon the death of a *contingent* recipient, his/her interest shall pass to the remaining *contingent* recipient in equal shares.

1. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

2. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

3. I hereby designate _____

_____	_____	_____	_____	_____	_____
Relationship	Mailing Address	City	State	Zip	Phone

as my *contingent* recipient(s) to receive the amount as set forth in the Oklahoma Firefighters Pension and Retirement System in the event of my death. *Contingent* recipients do not share in the amount due if any of the *primary* recipients are living at my death.

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request
100 North Harvey Place
Oklahoma City, OK 73116
(505) 848-6724
(505) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

Name Based - \$15.00

Sex Offender - \$2.00

Mary Rippe Violent Offender - \$2.00

State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:
 Fax Mail In Person
REQUESTS WILL BE RETURNED IN THE MANNER RECEIVED.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:
 () _____

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____
Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____
Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____
 LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation Computerized Criminal History	Oklahoma Department of Corrections Sex Offender	Oklahoma Department of Corrections Violent Offender
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Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.