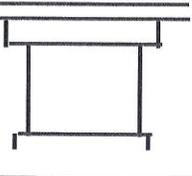


Lexington
Virginia



Fire-Rescue Department

Application for Membership
Junior () Senior () Associate ()

Application Date: _____

First Name: _____ Middle: _____ Last: _____

Address: _____

City _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____ / _____ / _____

Three (3) References - Name & Telephone Numbers other than relatives or department members:

1. _____
2. _____
3. _____

Past Experience/Certificates relevant to Fire & Rescue:

Have you ever been charged with a violation of law, arrested, or issued a defendant's summons for any offense (excluding traffic citations)? () Yes () No If Yes please list details including charges that were dismissed, dropped, or not prosecuted: _____

Have you ever been refused a driver's license by any state? () Yes () No If yes, please list details including when, where, and why: _____

Emergency Contact (Name, phone number, address & relationship to you): _____

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from membership consideration in the Lexington Fire Department. If such misstatements or omissions are found after acceptance into membership, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of the City of Lexington Fire Department and will not be returned regardless if I am offered membership. I understand that any offer of membership is contingent upon my ability to produce documentation required by the Immigration and Naturalization Service documenting eligibility.

I authorize the release of any and all related employment/membership information that the City of Lexington may request or any records pertaining to past or present employment or fire/rescue membership which may now exist or exist in the future.

I hereby make application for active membership in the Lexington Fire Department upon completion of 180 day probationary period and 32 hours of training in a one year period. I agree to abide by the By-Law, Policies and Procedures of the Lexington Fire Department and follow all directives from the chain of command.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Ensure that you have attached the following to your completed application:

FBI Fingerprint submittal **See attached Fingerprint Instructions**

Photocopy of Driver's License or Photo Identification Card

National Background Screening Consent Form (attached)

PHYSICIAN'S EVALUATION OF FIREFIGHTER/EMT
Must be completed by your family Doctor

The information you provide in this Application will be used in the investigation of your background to determine your suitability for membership. Please fill out the application completely and accurately. All statements are subject to verification. Deliberate inaccuracies or omissions will bar or remove you from further consideration for membership.

You are responsible for updating this application in the event changes occur during the background investigation (e.g. change of address, arrests or legal actions, telephone number changes). Notification of such changes must be submitted in writing to the Lexington Fire Department.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and the degree of relevance to the position which you have applied. An evaluation will then be made of the relevance of these facts to membership in this department.

Please type or clearly print your responses to this application. If a question does not apply to you write N/A (not applicable) in the space provided. If you need more space to respond attach a separate sheet of paper.

OFFICE USE ONLY:

Date Application Received: _____

Date Background Investigation Mailed: _____

Date Background Investigation Received: _____ Approved Denied

Date Probationary Period begins: _____

Passed Probationary Examination: _____ (After 3rd month of probation)

Date Probationary Period Ends: _____ Accepted Denied Associate Membership

Requirements for New Probationary Members

Section C

Types of Membership

1. **Probationary** - The probation period shall begin on the date that the 60 day background check period is completed, and shall end six months after. All applicants for Regular, Associate or Junior membership must have served as Probationary members.
 - a) During the probation period, the applicant shall be required to learn fundamentals of fire-fighting, the operation of various equipment, other information pertaining to Department operation, and 36 hours per month of duty crew standbys.
 - b) A Probationer shall only be permitted to ride the Fire Department's apparatus to emergency calls as an observer until he has completed the new member orientation packet.
 - c) A Probationer shall not vote, hold office, be a pump operator, be an aerial ladder operator, or be an emergency vehicle driver.
 - d) Upon completion of three months membership in this Department, the Probationer is eligible to take the written examination established and administered by the Membership Committee. The Probationer must score a mark of at least seventy percent correct answers to be eligible for permanent membership. This examination must be taken before completion of the probationary period. In any one probation period (six months) a Probationer may only take the written examination twice.
 - e) At the expiration of the probationary period, the Membership Committee shall report the status of each Probationer to the membership. All Probationers who have met the specified requirements shall automatically be changed to Associate or Junior Member, as appropriate. A Probationer denied change of membership status for failure to meet the requirements shall be removed from the Fire Department roster as of that date.
 - f) New members joining after 2017 will be required to complete Firefighter I or EMT-B training within 24 months from the start of their probationary period. Persons who desire to serve as EMS or Fire apparatus drivers only will be required to complete EVOC-3 and Driver Pump Operator for Fire apparatus drivers or EVOC-2 and First Responder for EMS apparatus drivers within that same 12 month period. Extensions may be granted by the Chief on a case by case basis if extenuating circumstances (i.e. lack of available classes) warrant and the Membership Committee requests said extension for the member.



**CITY OF LEXINGTON FIRE DEPARTMENT
PHYSICIAN'S EVALUATION OF FIREFIGHTER/EMT
PRE-EMPLOYMENT/VOLUNTEER**

EMPLOYEE/VOLUNTEER signs this statement: I hereby grant Dr. _____, who examined me to supply the information requested here.

EMPLOYEE/VOLUNTEER SIGNATURE

DATE

PHYSICIAN completes this part of the PHYSICIAN'S EVALUATION: (PLEASE PRINT)

TO THE PHYSICIAN: All Firefighting/EMT personnel are required, during emergencies, to participate physically in whatever duties are required to control fires inside and outside structures, to deal with hazardous materials emergencies, conduct rescue work and undertake other emergency duties requiring significant physical exertion and judgment.

As you evaluate this firefighter/fire officer in connection with fitness for duty, consider that the firefighters/fire officers may be subjected to any of the following at any time during the workday:

- | | |
|---|---|
| *Lift weights of 50 pounds or more repeatedly | *Drive vehicles and operate other equipment under emergency conditions |
| *Go 24 hours or more without sleep | *Be exposed to toxic fumes, smoke, hot fire gases, chilling, soaking and/or overheating |
| *Pull fire hose up two, three or more flights of stairs | *Be exposed to emotional stress associated with fire and medical emergencies |
| *Be roused in seconds from sound sleep by fire alarm tones. | *Are you aware of any pre-existing Heart, Lung or Cancer conditions that may affect this candidate? |

1. This certifies that _____ has been examined by me on _____
(Patient's Name) (Date)

Comments:

2. This employee is, in my opinion:

Capable of performing regular firefighting/EMT duties. Comments:

NOT READY to perform firefighting/EMT duties.

Physician's Signature (**NOTE: Must be signed by physician**).

(Date)

Fingerprint Instructions

<https://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/fingerprinting/>

Go to the above website and read the instructions **carefully**. If you are non-certified, you must create an OEMS portal account before submitting your fingerprints! Click the link [HOW TO AFFILIATE AS NON-EMS CERTIFIED PERSONNEL](#) for instructions.

FINGERPRINTING

All members joining a licensed EMS agency must submit to a finger print based criminal history background check and be approved by the OEMS for both affiliation and certification. This includes non EMS certified members such as drivers. There is NOT a grandfather clause to this regulatory change. Affiliated non-certified members that no longer meet eligibility requirements as of November 2, 2018 may not continue affiliation or participate in any way with a licensed EMS agency or onboard a OEMS licensed vehicle.

The Office of EMS, Regulation & Compliance Division will be outsourcing the collection of finger prints for background checks to the state contract vendor, FieldPrint. Fieldprint fingerprinting will go live on January 1, 2020. Once Fieldprint is "live", the Virginia Office of EMS will no longer process paper-based fingerprint cards.

To begin the Fieldprint process, please choose from one of the following selections. You should base your selection on the agency you are seeking to join.

*****PRIOR***** to submitting your fingerprints below, All non-certified members (i.e., drivers/firefighters) are required to create an OEMS portal account to obtain a unique 9 digit OEMS # **and** affiliate in the OEMS portal with their EMS agency!

You must provide your personal and unique 9-digit OEMS # when submitting fingerprints to the Office of EMS!

INSTRUCTIONS: HOW TO AFFILIATE AS NON-EMS CERTIFIED PERSONNEL 

Create: Non-Certified Member Portal Account

FINGERPRINTING INSTRUCTIONS FOR EMS AGENCY AFFILIATED MEMBERS AND EMS STUDENTS 

Once you have obtained your personal 9-digit OEMS #, select **I'm joining a Volunteer Agency** and follow the instructions.



Use Agency License 01264 when asked for.

The nearest location for FieldPrint in Lexington is:

Pack and Mail
449 East Nelson Street
Lexington, VA 24450
Phone: (540) 463-7740
Appointment required



City of Lexington
300 East Washington Street
PO Box 922
Lexington, VA 24450

National Background Screening Consent Form

Applicant's ~~FULL Legal~~ Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing, via telephone or online in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the agency's guidelines.

By signing this document, I am providing the above named agency my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name: _____ Date: _____

Signature: _____

INFORMATION REQUEST

Purpose: Use this form to request information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER FULL NAME (last, first, mi, suffix) Bailey, John R.		FEDERAL TAX ID OR SOCIAL SECURITY NUMBER* 54-6001392	
ORGANIZATIONAL AFFILIATION (if any) City of Lexington		TELEPHONE NUMBER (540) 462-3729	USE AGREEMENT NUMBER (if applicable) 7624
STREET ADDRESS 300 East Washington Street		CITY Lexington	
STATE VA	ZIP CODE 24450	ACCESS CODE (if applicable)	TNC CERTIFICATE NUMBER (if applicable)
REASON FOR REQUEST (be specific) (attach additional sheets if necessary) See other information on page 2.			

SUBJECT INFORMATION			
If you are requesting driving record information, the subject will be the person you are requesting information on. If you are requesting vehicle information, the subject will be the vehicle owner (if available).			
SUBJECT FULL NAME (last, first, mi, suffix)		<input type="checkbox"/> CHECK TO INDICATE SUBJECT NAME AND ADDRESS IS THE SAME AS THE REQUESTER ABOVE.	
STREET ADDRESS			
CITY		STATE	ZIP CODE

INFORMATION REQUESTED	
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for Driving Record Information, Vehicle Information and Decedent Photo Requests. For Police Crash Reports provide as much information as possible.	
<input checked="" type="checkbox"/> DRIVING RECORD INFORMATION (Includes license history and conviction data) (complete SUBJECT INFORMATION above)	
SUBJECT DRIVER LICENSE NUMBER	or SUBJECT BIRTH DATE (mm/dd/yyyy)
REASON FOR REQUEST (Check one) <input checked="" type="checkbox"/> Insurance <input checked="" type="checkbox"/> Employment, School, or Military <input type="checkbox"/> Member/Applicant/Volunteer <input type="checkbox"/> Personal Use, Court, or Attorney <input type="checkbox"/> TNC	
An authorization from the subject is required for employers and others not authorized by Virginia code. I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.	
SUBJECT SIGNATURE	DATE (mm/dd/yyyy)

<input type="checkbox"/> VEHICLE INFORMATION (Includes vehicle description and registration data) (complete SUBJECT INFORMATION above)		
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR

POLICE CRASH REPORT			
IMPORTANT NOTE: The Department may only release a full crash report in accordance with VA Code § 46.2-380.			
Check one or more boxes to indicate your involvement in the crash:			
<input type="checkbox"/> I was a DRIVER.	<input type="checkbox"/> I was a PASSENGER.		
<input type="checkbox"/> I legally REPRESENT a person injured or involved in the crash.	<input type="checkbox"/> I was injured in the crash or as a result thereof (ex: injured pedestrian).		
<input type="checkbox"/> I am the parent or legal guardian of a <u>minor</u> injured or killed in the crash.	<input type="checkbox"/> I am the owner of a vehicle/property involved in the crash.		
<input type="checkbox"/> I am the personal representative (guardian, executor, next of kin, etc.) of a person injured or killed in the crash.			
<input type="checkbox"/> I am an authorized representative of any insurance carrier reasonably anticipating exposure to civil liability as a consequence of the crash or to which a person has applied for issuance or renewal of a policy of automobile insurance.			
CRASH DATE (mm/dd/yyyy)	TIME OF CRASH	CRASH LOCATION (highway or street name)	
CITY/COUNTY/TOWN WHERE CRASH OCCURRED		DRIVER FULL NAME (last, first, mi, suffix)	DRIVER LICENSE NUMBER
1. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		2. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	
3. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)		4. PASSENGER/PEDESTRIAN FULL NAME (last, first, mi, suffix)	

INFORMATION REQUESTED (continued)

DECEDENT PHOTO REQUEST (requester *may* need to provide proof of death, i.e. copy of death certificate, executor papers, etc.)

DECEDENT FULL NAME (last, first, mi, suffix)		DECEDENT DMV CUSTOMER NUMBER
DECEDENT BIRTH DATE (mm/dd/yyyy)	Requester's relationship to decedent (check one):	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Executor <input type="checkbox"/> Administrator

* In accordance with Virginia Code §§2.2-803, 2.2-4807, and 58.1-520 et seq., the State Comptroller requires that the information requested on this application, including your social security number, be collected for debt set off collection purposes.

CUSTOMER RECORDS FEES

Driving Record	\$9.00	Supporting Documents (per page)	\$3.00
Vehicle Record	\$9.00	Motor Carrier Overweight Citation Record	\$8.00
Police Crash Report	\$8.00	Travel Emergency Photo Verification	\$9.00
Decedent Photo	\$9.00	Record Certification Fee (additional)	\$5.00
Driver/Vehicle Application	\$9.00		

CERTIFICATION

I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose and that any personal information I receive will not be used for the predominant purpose of solicitation of prospective clients.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

I agree that the information I obtain in response to my request is considered privileged and confidential. I agree that such information is subject to the restrictions upon use and dissemination imposed by (1) the Federal Drivers Privacy Protection Act (18 USC § 2721 et seq.), (2) the Government Data Collection and Dissemination Practices Act (Va. Code § 2.2-3800 et seq.), (3) the provisions of Va. Code §§ 46.2-208 through 210, 46.2.212, and 58.1-3, and (4) any successor rules, regulations, or guidelines adopted by DMV with regard to disclosure or dissemination of any information obtained from DMV records or files, and I agree to comply with such restrictions and understand that any violation may result in damages, civil penalties, criminal penalties or other relief permitted pursuant to Virginia law.

For volunteer organizations identified in Va. Code § 46.2-208(B), I also certify that the subject of the information being requested is a member of, applicant for membership in or applicant to be a volunteer with my organization.

REQUESTER SIGNATURE _____ DATE (mm/dd/yyyy) _____

OTHER INFORMATION (Be specific)

Reason for Request: This request is for the duration of your employment with the City of Lexington. The City will check your driving record prior to being hired. The City will perform an annual check for risk management to determine that the employee has a valid drivers license. DMV will notify the City of moving violation convictions and if a driver accumulates 7 adverse points within a calendar year. DMV will alert the City of suspensions, revocations, disqualifications and reckless driving while intoxicated convictions.

PAYMENT METHODS

If you are mailing this request, DMV can only accept check or money order via mail.

<input type="checkbox"/> CHECK Made payable to DMV	ENTER CHECK AMOUNT	<input type="checkbox"/> MONEY ORDER Made payable to DMV	ENTER MONEY ORDER AMOUNT
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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification <input type="checkbox"/> Valid Driver's License Number _____ <input type="checkbox"/> Other Photo Identification _____	Proof of Requester's Organization Affiliation <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____
If referred to Headquarters to Fill Request, Complete: CSR Name: _____ CSC Name (not CSC number): _____	Remarks/CSR Stamp _____ Fee Charged \$ _____