



**NORTH LYON COUNTY FIRE  
PROTECTION DISTRICT  
APPLICATION FOR  
VOLUNTEER MEMBERSHIP**

195 East Main Street  
Fernley, Nevada 89408  
(775) 575-3310  
fax (775) 575-3314  
www.northlyonfire.com

North Lyon County Fire Protection District is an equal opportunity provider and employer. If you have a disability and believe you require accommodation for the disability during the selection process, please contact us to make appropriate arrangements.

**Please indicate the function(s) you would like to volunteer for:**

Firefighter/EMT  
 Rehab Team

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone(s) Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Have you been given a volunteer job description or had the requirements of the membership explained to you? .....  Yes  No

Do you understand the membership requirements? .....  Yes  No

Can you perform the essential functions of this job with or without reasonable accommodation? .....  Yes  No

To qualify for membership, applicants must be at least 18 years of age unless otherwise specified. If offered membership, can you furnish proof of age?.....  Yes  No

After an offer of membership, can you submit verification of your legal right to work in the United States?.....  Yes  No

List other names, if any, you have used. \_\_\_\_\_

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate?  Yes  No

School Name	Location	Hours Earned	Diploma, Degree, or Certificate	Major Field of Study
Business/Technical/Vocational				
1.				
2.				
College/University				
1.				
2.				
Graduate School				

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**LICENSES**

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Do you possess a valid driver's license?  Yes  No

If so, State / Expires \_\_\_\_\_ Class \_\_\_\_\_ Restrictions (if any) \_\_\_\_\_

List any special skills, certificates, or licenses you possess.

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**OTHER INFORMATION**

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Have you ever been disciplined in your employment related to workplace violence?.....  Yes  No

If yes, please explain.

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Do you presently use illegal drugs? .....  Yes  No

Have you ever been employed by or volunteered for North Lyon County Fire Protection District?  Yes  No

If yes, please provide the following information:

Department \_\_\_\_\_ Position Title \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Separation \_\_\_\_\_

Are you related to anyone who is currently employed by North Lyon County Fire Protection District?  Yes  No

If yes, please provide the following information:

Related person's name \_\_\_\_\_ Department \_\_\_\_\_

Relationship \_\_\_\_\_

Have you ever been convicted of, pled guilty or nolo contendere to, or been granted deferred adjudication for a felony, misdemeanor (excluding juvenile adjudication), or any lesser crime other than a minor traffic infraction?.....  Yes  No

Do you have any pending court charges that have not been adjudicated?.....  Yes  No

If you have answered yes to either question, list all such offenses and provide date, name of court, and disposition (if any). You may omit minor traffic violations for which you paid a fine of \$50 or less. Omission of information may be considered cause for disqualification from the employment pre-screening process or result in termination of employment.

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**EMPLOYMENT HISTORY**

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Provide information regarding all paid employment (include military employment if duties/assignments relate to the job you are applying for). Volunteer work which may be related to the position for which you are applying should also be provided. Describe your most recent position first; then list other positions in order held. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do **NOT** use references such as "See Résumé" in place of completing this section.

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May we contact all employers listed? (Attach a list of any exceptions with an explanation.)  Yes  No

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Present Employer \_\_\_\_\_ Present Position \_\_\_\_\_

Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_)

Related Duties:

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Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_)

Related Duties:

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Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

City \_\_\_\_\_  Full-Time (30+ hrs/wk)  Part-Time (<30 hrs/wk)

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Telephone (\_\_\_\_)

Related Duties:

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Reason for Leaving: \_\_\_\_\_

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\_\_\_\_\_ I hereby certify that all statements made in this application are true. I understand that any false statement of material facts herein may cause forfeiture on my part of all rights to any membership with North Lyon County Fire Protection District. I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer, or if I have been approved membership, in my dismissal from membership regardless of length of membership. I understand that neither this document nor any offer of membership from North Lyon County Fire Protection District constitutes a membership contract unless a specific contract document to that effect is executed. I agree to undergo any membership -related drug screening and physical examination upon conditional offer of membership. I understand that North Lyon County Fire Protection District is not requesting genetic information from the drug screening or the physical examination and that the person administering the examination should not provide genetic information to North Lyon County Fire Protection District. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application.

\_\_\_\_\_ Per NRS 281.060 (2), I opt to exercise my rights by voluntarily attaching a copy of my DD214. NRS 281.060(2) states preference must be given, *if qualifications of applicants are equal*: a) first, to an honorably discharged military personnel of the United States who is a citizen of Nevada; and b) second, to other citizens of Nevada.

Additionally, my signature below certifies that the information provided is true and correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Official Use Only:**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Date: \_\_\_\_\_ Fingerprint Date: \_\_\_\_\_

District Fire Chief Interview Date: \_\_\_\_\_ Date Accepted as Volunteer \_\_\_\_\_

Equipment Received/Date: \_\_\_\_\_