

CITY OF MOUNTAIN VIEW
VOLUNTEER FIRE DEPARTMENT
MEMBERSHIP APPLICATION / PERSONNEL ACTION FORM

Name: _____ Date of Birth _____
Last, First, Middle MM DD YYYY

Social Security Number: _____ Gender: (Circle One) Male Female

Driver's License Number: _____ Age: _____

Address: Mailing _____

Address: Physical _____

_____ City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Circle the Correct Answer in this Section

Have you ever been convicted of a felony? Yes No
(If yes, give full details on separate sheet)

Are you able to perform the essential functions of the job for which you are applying which includes carrying out the firefighting duties with the firefighter's PPE (helmet, hood, pants, coat, gloves, air pack) and may include thermal imaging camera, radio, box light and set of irons (Halligan bar and axe) which could be approximately 45 to 75 pounds. Yes No

Have you or are you now serving on any other emergency service organization? (If yes, give details on a separate sheet including name of organization, address, name used, if different from above, and any training.) Yes No

I understand that I will be drug tested and a background check will be performed as conditions of my application and acceptance as a member of the Mountain View Volunteer Fire Department.

I do hereby certify that all information supplied on this application and any attachments are true and complete. I understand that false or misleading information provide herein constitutes grounds for denial of membership or immediate dismissal. I hereby authorize the Human Resource Officer of the City of Mountain View to verify any information provided herein. I understand and agree that if granted membership on the Mountain View Volunteer Fire Department, I will serve in a probationary status for a period of six months during which time I may be dismissed without right of appeal.

Applicant Signature Date

Signature of Fire Chief Date

Human Resource Officer Date

Six Month Probationary Period Date (HR Department Only)

MOUNTAIN VIEW FIRE DEPARTMENT

205 North Bayou Drive | P.O. Box 360 | Mtn. View, AR 72560
Phone (870) 269-3804 | Fax: (870) 269-3778

The City of Mountain View is currently accepting applications to fill the role of Firefighter. The successful candidate will have the desire and compassion to help others and to protect lives, property and the environment. In order to perform these duties, a candidate for Firefighter for the City of Mountain View must be able to pass a drug test, a background check, must possess a valid Arkansas Driver's License, and must be able to pass a physical and be signed off by a physician. Work is to be completed as an individual contributor to the firefighting team by responding to and fighting fires, delivering emergency medical care, conducting property inspections, taking part in ongoing training and participating in outreach events within the community.

Some examples of Firefighter responsibilities:

- Perform firefighting work, including preventing, combating and extinguishing fires to protect lives, property and the environment
- Operate fire equipment and tools appropriately
- Provide and assist with emergency medical care within scope of practice
- Quickly and effectively analyze hazardous situations and take appropriate course of action
- Participate in training, classes and drills in firefighting, emergency medical care, disaster response and specialized rescue
- Perform general maintenance work of fire equipment

****Candidates that are accepted on the Fire Department will be on a probationary status for 6 months, while evaluation and training occurs.**

Please Type or Print in Ink:

EE# _____
(LOPFI USE ONLY)

ARKANSAS LOCAL POLICE AND FIRE RETIREMENT SYSTEM (LOPFI) Membership Application

Last Name _____ First Name _____ Middle Initial _____ S.S. Number _____

Home Address: _____
Street _____ City _____ State _____ Zip Code _____

Birth Date: _____ Male Female Name of Department _____

_____ Date of Enrollment _____ Department Classification (Police / Fire) _____

Paid Employee Volunteer S.S. Coverage with LOPFI Employer? YES NO

1. Have you previously been employed by this city or another city, and as a result of such employment been a member of LOPFI? YES NO. If yes, list name of city and period of employment. City: _____
From: _____ Month / Year To: _____ Month / Year

2. Have you previously been employed by this Employer and as a result of such employment were a member of a local Firemen's or Policemen's Relief Fund? YES NO. If Yes, list department and period of employment.
Department _____ (Police / Fire) From: _____ Month / Year To: _____ Month / Year

3. Have you previously been an employee covered by any of the following retirement systems: APERS, Teachers, State Highway, State Police, Judicial, Higher Education, or Vo-Tech Education? YES NO.
If Yes, list employer and period of employment.
Employer _____ From: _____ Month / Year To: _____ Month / Year

4. NOMINATION OF BENEFICIARY: I hereby direct LOPFI to pay my accumulated member contributions or the benefit which may be payable in the event of my death before retirement to:

(Print Full Name of Primary Beneficiary) Street _____ City _____ State _____ Zip Code _____

My _____ Whose Birthdate is _____ S.S. Number _____
(Relationship to Applicant)

OTHERWISE TO: _____
(Print Full Name of Contingent Beneficiary) Street _____ City _____ State _____ Zip Code _____

My _____ Whose Birthdate is _____ S.S. Number _____
(Relationship to Applicant)

If you wish to nominate more than one contingent beneficiary to share equally in your accumulated member contributions in the event of your death, please list their name and address on back of this form.

I DO HEREBY AUTHORIZE MY EMPLOYER TO MAKE ANY NECESSARY PAYROLL DEDUCTIONS FROM MY SALARY AS AUTHORIZED BY A.C.A. 24-10-101, ET. SEQ., AS AMENDED, AND DECLARE THE ABOVE STATEMENTS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS APPLICATION MUST BE SIGNED BY APPLICANT AND EMPLOYER REPRESENTATIVE.

Signature of Employer Representative _____ DATE _____ Signature of Member _____ DATE _____

Please mail original copy to:
LOPFI
620 W. 3rd, Suite 200
Little Rock, Arkansas 72201-2223



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page

