



APPLICATION FOR MEMBERSHIP

(Please Type or Print in Ink and Sign Back)

First: _____ M.I.: ____ Last: _____ Date of Birth: ____/____/____ Sex: _____

Physical Address: _____ City, State, Zip: _____

Permanent Address: _____ City, State, Zip: _____

Phone Numbers: (home) _____ (cell) _____ (work) _____

Driver's License: (State & #) _____ Height: _____ Weight: _____

I HAVE SUBMITTED A COPY OF MY DRIVER'S LICENSE WITH THIS APPLICATION.
(Note: Application will not be accepted without a copy)

Employer: _____ Email: _____

Please add me to your email list. Send an email request to questions@lafayettefd.com and you will be added once your application is approved.

The name of person who referred you to the Lafayette County Fire Department. If none, please indicate:

Describe any firefighting training/experience you may have had with another firefighting unit or department and dates. If none, please indicate: _____

Have you ever been convicted of a Felony? YES NO

Have you ever been convicted of DUI or drug offense? YES NO

Details of above if you marked yes: _____

I certify my answers are true and complete. I have read and signed the requirements on the next page. I further authorize Law Enforcement agencies to verify/check any information contained herein. If this application is accepted, I agree to abide by all rules, regulations, and policies of the Lafayette County Fire Department.

Applicant Signature: _____ Date: _____

Please see next page for minimum requirements and requirements to remain active.

————— DO NOT WRITE BELOW THIS LINE —————

County Unit Number: _____ DL Check: _____

Unit Captain: _____ Date: _____

Authorized Unit Officer Signature: _____ Date: _____

Lafayette County Fire Chief: _____ Date: _____

REQUIREMENTS TO REMAIN AN ACTIVE MEMBER OF THE LAFAYETTE COUNTY FIRE DEPARTMENT

Applicants must complete Volunteer Certification or Emergency Medical Responder within the first year of membership with the Lafayette County Fire Department.

Members must meet the training requirements set by the Fire Board, Fire Chief, and Lafayette County.

Members must attend meetings of the unit which you are assigned and participate in support of the unit.

Members must maintain a high level of professionalism while representing the LCFD and Lafayette County.

Members must agree to operate within the guidelines of established by the LCFD Fire Board.

Members must agree to return all equipment issued to you by the LCFD and/or home unit when you become inactive or leave the LCFD.

Members agree to abide by all laws and requirements set down by the Federal Government, State of Mississippi, and the Lafayette County.

Violation of any of the above requirements is considered grounds for immediate dismissal from the Lafayette County Fire Department.

Signature: _____

Print Name: _____

Date: _____





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:

- A. Always conduct myself, on and off duty, in a manner that reflects positively on myself, my department and the fire service in general.
- B. Accept responsibility for my actions and for the consequences of my actions.
- C. Support the concept of fairness and the value of diverse thoughts and opinions.
- D. Avoid situations that would adversely affect the credibility or public perception of the fire service profession.
- E. Be truthful and honest at all times and report instances of cheating or other dishonest acts that compromise the integrity of the fire service.
- F. Conduct my personal affairs in a manner that does not improperly influence the performance of my duties, or bring discredit to my organization.
- G. Be respectful and conscious of each member's safety and welfare.
- H. 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.
- I. 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.
- J. Be mindful of, and avoid if possible, 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.
- K. Never propose or accept personal rewards, special privileges, benefits, advancement, honors or gifts that may create a conflict of interest, or the appearance thereof.
- L. If intending to respond to fire calls or if on duty, 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.
- M. Never discriminate on the basis of race, religion, color, creed, age, marital status, national origin, ancestry, gender, sexual orientation, medical condition or handicap.
- N. 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.
- O. 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.

LCFD Applicant Signature

Date



Wesley Anderson
 Fire Coordinator
 wanderson@lafayettecoms.com
Justin Sneed
 Deputy Fire Coordinator
 jsneed@lafayettecoms.com

Lafayette County Fire Department
 50 CR 1032
 Oxford, MS 38655

Mailing Address
 P.O. Box 1435
 Oxford, MS 38655
 TELEPHONE: (662) 232-2880
 FAX: (662) 234-2635

Emergency Contact	
Name:	
Phone:	
Relationship:	

Lafayette County Electronic Notification System				
<i>*If you do not wish to receive call information electronically, do not fill out the form*</i>				
Name:				
Cell Phone Number:		Carrier (AT&T, Verizon, Cspire, etc.)		Platform (iPhone, Android, Microsoft, SMS)
Active 911 <i>*Cell Phone App*</i>	Yes <input type="checkbox"/> or No <input type="checkbox"/>		Text Messaging <i>*Unavailable if choosing Active 911*</i>	Yes <input type="checkbox"/> or No <input type="checkbox"/>

Office Use Only

Active 911	Approved Yes <input type="checkbox"/> or No <input type="checkbox"/>	Text Messaging	Approved Yes <input type="checkbox"/> or No <input type="checkbox"/>
Code:		Notes:	



Authorization for Release of Background Information

I have carefully read and understand this Disclosure and Authorization form. By signing below, I hereby authorize the Company to procure and Verified Person to provide a consumer report and/or an investigative consumer report on me for use in connection with my employment, application for employment, or contract for services. I authorize all entities possessing information about me, including (but not limited to) governmental agencies and courthouses, educational institutions, present and former employers, and/or other information sources as limited by national and regional law, to release such information to Verified Person.

I understand that the information that can be released to Verified Person and its agents includes, but is not limited to, verification of Social Security number, current and previous residences, criminal records and history, public court records, driving records, credit history and reports, bankruptcy filing, employment history, education, professional licenses and certifications, drug/alcohol testing results, and other information related to my character, general reputation, and mode of living.

I also understand that if the Company hires me or contracts for my services, my consent will apply indefinitely, and the Company may obtain additional background reports pertaining to me from Verified Person and/or other consumer reporting agencies without asking for my consent again throughout my employment or contract period, unless I revoke or cancel my consent.

By signing below, I also certify the information I have provided on and in connection with this form is true, complete and accurate. I agree that this form, in its original, faxed, photocopied, or electronic (including electronically signed) form, will be valid for any consumer reports that may be requested by or on behalf of the Company.

California, Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a free copy of your consumer report if one is obtained on you. You may also obtain information or copies from the Company's investigative report file at any time prior to your receipt of such copies, to the extent available, by contacting Verified Person, located at 22 North Front Street, Suite 800, Memphis, TN 38103 (866-380-6100).

Applicant Name (please print): _____

SSN: ____ - ____ - ____ DOB: ____/____/____ Former Names: _____

Street Address: _____ City: _____ State: _____

Applicant Signature: _____ Date: ____/____/____

