



Noonday Fire Department



“Application for Membership”

At the Noonday Fire Department, we strive to become the best at responding to calls for emergency assistance. We have a strong sense of devotion to our community, we serve and our members. Our members find it a very rewarding way to become involved and to do something important for our community.

If you share this desire, we would like to welcome you as an applicant to our Fire Department. No prior firefighting experience is required; we will provide all the training and equipment you will need. In becoming a firefighter you will need more than just the desire to help people, you will need dedication, enthusiasm, courage and a willingness to follow others as they teach you the skills needed to perform the duties, as well as, to help you face and overcome new challenges.

All firefighters receive a basic firefighting certification through Texas State Firemen’s & Fire Marshals’ Association. Training is an integral part in you becoming a successful Noonday Firefighter. It is the goal of Noonday Fire Department to ensure that all its members become the best firefighters that we can offer to our community. This goal along with many others will be proven successful with the conjoined efforts of the members and their Officers.

So if you’re looking for that perfect opportunity to take on the challenge of becoming a firefighter, then we would be honored to help you fulfill that desire and overcome the challenge. We ask that you would fill out all the information needed in the application, if there is a question that does not apply simply place N/A (not applicable) in that space; please do not leave any spaces blank. We ask that you would present the completed application in person at one of our weekly meetings that take place each Monday; (except the 3rd Monday) of every month starting promptly at 7:00PM. Each meeting is held at our Fire Station located at 16619 State Highway 155 South.

What better way to show your support and pride for the community then helping to keep your neighbor’s lives, property and homes safe.

Requirements for Membership:

1. Applicant must be 18 years of age.
2. Applicant must have not had a DUI or DWI conviction within the past 7 years.
3. Applicant must not have been convicted or pending conviction of any felony degree within the last 7 years. Applicant is advised that all cases are considered and handle on a case by case basis.
4. Applicant must have not had more than three moving violations within the past 2 years.
5. Applicant must reside inside Smith County Emergency Services District #2 and within a reasonable distance of the fire department.
6. Applicant must successfully pass a background check to include but not limited to criminal and driving history.
7. Applicant must attend 3 consecutive meetings/training sessions to be considered for an interview.

Date (mm/dd/yyyy): ____/____/____

PERSONAL INFORMATION:

Name: _____ **D.O.B.** ____/____/____
Last First MI Month Day Year

Address: _____
Number Street Apt# City State Zip Code

Contact Numbers: (Home) _____ (Work) _____ (Cell) _____

Social Security No: _____ - _____ - _____ **Driver License No:** _____ **State:** _____

Email Address: _____

CRIMINAL HISTORY INFORMATION:

Have you ever been convicted, awaiting trial for, or served any sentence or probation for a felony or serious misdemeanor other than a traffic violation? Yes ____ / No ____

If "YES", please give date and nature of conviction(s). (A conviction does not necessarily mean that you cannot be accepted to membership; please give all facts/details so a correct decision can be made. A criminal history check may be performed.)

(attach additional sheets if necessary)

List any and all traffic violations for the past 5 years.

Date: _____ Violation: _____
Date: _____ Violation: _____
Date: _____ Violation: _____
Date: _____ Violation: _____

(attach additional sheets if necessary)

List any and all traffic related accidents for the past 5 years.

Date: _____ Remarks: _____
Date: _____ Remarks: _____
Date: _____ Remarks: _____

(attach additional sheets if necessary)

Do you authorize Noonday Fire Department to check your driving record, both now and on a periodic random basis during membership for repeated or significant traffic violations? Yes ____ / No ____

(If you answered "NO" to the above question you will be prohibited from operating any and all of Noonday Fire Department apparatus/driving equipment.)

MEDICAL HISTORY INFORMATION:

Do you have any physical or mental conditions which may limit your ability to perform the job applied for or pose a potential risk to yourself or other members? Yes ____ / No ____

If "YES", please explain and let us know what we can do to accommodate these conditions.

Have you ever become ill from your work, suffered an occupational disease, or been injured on the job?

Yes ____ / No ____

If "YES", please explain: _____

Do you have any chronic disease? Yes ____ / No ____

Are you taking any medications? Yes ____ / No ____

If "YES", to either questions please list: _____

Are you receiving any special medical treatment(s)? Yes ____ / No ____

If "YES", please explain: _____

EDUCATION INFORMATION:

Did you graduate from high school? Yes ___ / No ___
 If "NO", do you have a GED? Yes ___ / No ___

School	Name & Address	Major Studies	Last Grade Completed	Graduation Date
High School				
College, Trade or Business School(s)				
Other School(s)				

FIRE/MEDICAL EXPERIENCE INFORMATION:

Do you have any previous firefighting, rescue and/or medical experience? Yes ___ / No ___

If "YES", please fill out the information requested below. Please be sure to include copies of any training certificates you have received when turning in your application.

Fire Company/Department: _____
 Address: _____
 Contact: _____ Rank: _____ Phone Number: _____

Fire Company/Department: _____
 Address: _____
 Contact: _____ Rank: _____ Phone Number: _____

Please check any courses that you may have completed.

- | | |
|--|-----------------------------------|
| _____ Firefighter Intro / Phase 1 | _____ NIMS 100 |
| _____ Firefighter Basic / Phase 2 | _____ NIMS 200 |
| _____ Firefighter Intermediate / Phase 3 | _____ NIMS 300 |
| _____ Firefighter Advanced / Phase 4 | _____ NIMS 400 |
| _____ Firefighter Master | _____ NIMS 700 |
| _____ EVOC / Driver Training | _____ NIMS 800 |
| _____ Basic Vehicle Rescue | _____ Fire Officer 1 |
| _____ Advanced Vehicle Rescue | _____ Fire Officer 2 |
| _____ Pump Operations | _____ RIT / Save Your Own |
| _____ Hazmat First Responder | _____ Red Cross/AHA CPR Certified |
| _____ ECA - Emergency Care Attendant | _____ EMT - Basic |
| _____ EMT - Intermediate | _____ Paramedic |

List any other certifications you may have that are applicable to applied job:

Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___
Certification: _____	Date Issued: ___/___/___

List any Rank positions you may have held:

Position: _____	Date Appointed: ___/___/___	Years Held: ___
Position: _____	Date Appointed: ___/___/___	Years Held: ___
Position: _____	Date Appointed: ___/___/___	Years Held: ___

EMPLOYMENT HISTORY INFORMATION:

Please list past and present employers, starting with the most recent.

Company: _____ Employed From: ____/____/____ To ____/____/____
Month Year Month Year

Address: _____
Number Street City State Zip Code

Supervisor: _____ Phone Number: (____) ____ - ____

Company: _____ Employed From: ____/____/____ To ____/____/____
Month Year Month Year

Address: _____
Number Street City State Zip Code

Supervisor: _____ Phone Number: (____) ____ - ____

Company: _____ Employed From: ____/____/____ To ____/____/____
Month Year Month Year

Address: _____
Number Street City State Zip Code

Supervisor: _____ Phone Number: (____) ____ - ____

PERSONAL REFERENCES: (DO NOT LIST FORMER EMPLOYERS OR ANY RELATIVES)

Name: _____ Phone Number: (____) ____ - ____

Address: _____
Number Street City State Zip Code

Occupation: _____ Years Known: _____ Relation: _____

Name: _____ Phone Number: (____) ____ - ____

Address: _____
Number Street City State Zip Code

Occupation: _____ Years Known: _____ Relation: _____

Name: _____ Phone Number: (____) ____ - ____

Address: _____
Number Street City State Zip Code

Occupation: _____ Years Known: _____ Relation: _____

Do any members of your family work or volunteer for Noonday Fire Department? Yes ____ / No ____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

DISCLAIMER & SIGNATURE:

I DESIRE TO MAKE THE APPLICATION FOR MEMBERSHIP IN THE NOONDAY FIRE DEPARTMENT, PLEDGING MYSELF TO CONFORM TO ALL RULES OF SAID FIRE DEPARTMENT, TO OBEY ALL ORDERS GIVEN TO ME BY THOSE IN AUTHORITY, TO ANSWER ALL CALLS, ATTEND ALL TRAINING AND MEETINGS TO THE BEST OF MY ABILITY AND CONDUCT MYSELF AT ALL TIMES IN SUCH A MANNER AS TO NOT THROW DISCREDIT ON THE NOONDAY FIRE DEPARTMENT. THESE STATEMENTS MADE BY ME IN THE APPLICATION ARE FULL AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE INFORMATION PROVIDED MAY BE VERIFIED AND ANY WILLFUL MISSTATEMENT OF MATERIAL FACTS HEREIN WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO MEMBERSHIP IN THE NOONDAY FIRE DEPARTMENT.

SIGNATURE: _____

DATE: ____/____/____

AUTHORIZATION FOR RELEASE OF APPLICANT RECORDS AND RELEASE OF LIABILITY

TO: ANY PERSON, ORGANIZATION OR AGENCY HAVING KNOWLEDGE OF MY CONDUCT OR ACTIVITIES, OR;

- ANY PAST OR PRESENT EMPLOYER OR;
- ANY DEAN, REGISTRAR, PRINCIPAL, COUNSELOR, INSTRUCTOR OR OTHER AUTHORIZED PERSON AT SCHOOL (UNIVERSITY, COLLEGE, HIGH SCHOOL, TRADE SCHOOL OR OTHER) OR;
- ANY PHYSICIAN, HOSPITAL, CLINIC OR SANITARIUM OR;
- ANY DEPARTMENT OR AGENCY OF A CITY, COUNTY, STATE, OR FEDERAL GOVERNMENT

I, _____ HEREBY GIVE AUTHORIZATION TO THE NOONDAY FIRE DEPARTMENT AND IT'S AGENTS TO OBTAIN ANY OF THE FOLLOWING INFORMATION:

- _____ EMPLOYMENT RECORDS
- _____ MEDICAL RECORDS
- _____ SCHOOL RECORDS
- _____ DRIVING HISTORY/RECORDS
- _____ CRIMINAL HISTORY/RECORDS
- _____ ANY OTHER INFORMATION ABOUT ME OR RELATED TO ME OR MY MEMBERSHIP OR APPLICATION

FOR MEMBERSHIP WITH THE NOONDAY FIRE DEPARTMENT.

IN CONNECTION WITH THIS AUTHORIZATION FOR RELEASE OF INFORMATION, I HEREBY RELEASE ALL PARTIES LISTED AND ALL OF ITS CURRENT AND FORMER EMPLOYEES, OFFICERS, BOARD MEMBERS, AGENTS, AND/OR REPRESENTATIVES FROM ANY AND ALL MANNER OF LIABILITY OF WHATEVER NATURE BY REASON OF REQUESTING OR PROVIDING SUCH INFORMATION. I HEREBY FURTHER AUTHORIZE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE CONSIDERED AS VALID AS AN ORIGINAL.

I UNDERSTAND THAT THIS AUTHORIZATION SHALL AUTOMATICALLY EXPIRE AT THE TERMINATION OF MY MEMBERSHIP WITH NOONDAY FIRE DEPARTMENT; WHETHER AT MY RESIGNATION OR MY BEING TERMINATED BY THE SAID FIRE DEPARTMENT.

FULL NAME: _____ DATE OF BIRTH: ____/____/____
LAST FIRST MIDDLE MONTH DAY YEAR

DRIVER LICENSE NUMBER: _____ STATE: _____ DATE OF EXPIRATION: ____/____/____
MONTH YEAR

SOCIAL SECURITY NUMBER: _____ - _____ - _____

X _____ DATE: ____/____/____
APPLICANT SIGNATURE

X _____ DATE: ____/____/____
WITNESS SIGNATURE

X _____ DATE: ____/____/____
WITNESS SIGNATURE

ALL INFORMATION GATHERED FROM THIS DOCUMENT BY THE **NOONDAY FIRE DEPARTMENT** WILL REMAIN CONFIDENTIAL AND ONLY BE DISCLOSED TO THE AUTHORIZED OFFICERS, BOARD MEMBERS, AGENTS OR REPRESENTATIVES AS DETERMINED BY THE CHIEF OF THE DEPARTMENT. ANY INFORMATION GAINED FROM THIS FORM IS HEREBY PROHIBITED FROM DISCLOSURE EXCEPT TO THOSE WHO HAVE RECEIVED PROPER AUTHORIZATION. ANY DISSEMINATION OF THIS INFORMATION BY ANY UNAUTHORIZED PERSONNEL WILL BE SUBJECT TO DISCIPLINARY ACTION TO INCLUDE BUT NOT LIMITED TO, SUSPENSION, TERMINATION, OR EVEN PROSECUTION IN A COURT OF LAW.

QUESTIONNAIRE:

Please answer all of the following questions honestly; your answers do not necessarily exclude you from membership to the department.

- 1. Do you have a fear of heights? Yes ____ / No ____
If "YES", please explain: _____

- 2. Do you have a fear of confined spaces? Yes ____ / No ____
If "YES", please explain: _____

- 3. Can you lift 75 LBS? Yes ____ / No ____
If "NO", please explain: _____

- 4. Do you have a weak stomach for Blood? Yes ____ / No ____
If "YES", please explain: _____

- 5. Do you have a weak stomach for large wounds or dismembered bodies? Yes ____ / No ____
If "YES", please explain: _____

- 6. Does death bother you so significantly that you cannot work? Yes ____ / No ____
If "YES", please explain: _____

- 7. Can you work in high heat temperatures? Yes ____ / No ____
If "NO", please explain: _____

- 8. Are you willing to work in cold or rainy weather? Yes ____ / No ____
If "NO", please explain: _____

- 9. If an emergency call is received for a situation where one of the above may be present would you be able to still perform the job duties of a firefighter? Yes ____ / No ____
If "NO", please explain: _____

- 10. Do you feel that you are physically, medically and mentally able to perform the duties of a firefighter?
Yes ____ / No ____
If "NO", please explain: _____

Applicants may be required to complete a physical ability test, and may be required to furnish a medical release from their personal physician or psychologist at their expense. If requested by the department Chiefs.

PROBATIONARY FIREFIGHTER RESTRICTIONS:

- ALL APPLICANTS ACCEPTED FOR MEMBERSHIP WILL SERVE AN EVALUATING PROBATIONARY PERIOD BETWEEN 6-12 MONTHS, DEPENDING ON QUALIFICATIONS. PROBATIONARY MEMBERS ARE REQUIRED TO BE PRESENT FOR ALL DEPARTMENT MEETINGS, TRAINING, DRILLS, ETC... (UNLESS PRIOR PERMISSION FOR ABSENCE HAS BEEN GRANTED BY AN OFFICER).
- PROBATIONARY MEMBERS ARE ENCOURAGED TO RESPOND TO EMERGENCY INCIDENTS, BUT ARE REQUIRED TO HAVE OTHER AUTHORIZED PERSONNEL RESPONDING AS WELL. PROBATIONARY MEMBERS ARE PROHIBITED FROM RESPONDING "DIRECT" (IN A PERSONAL VEHICLE) TO AN EMERGENCY SITUATION UNLESS REQUESTED BY AN OFFICER.
- PROBATIONARY MEMBERS ARE PROHIBITED FROM OPERATING TO INCLUDE **DRIVING** ALL DEPARTMENT APPARATUS UNTIL HE/SHE HAS BEEN CERTIFIED BY THEIR PRECEPTOR AND AN AUTHORIZING OFFICER. IN ACCORDANCE WITH DEPARTMENT SOP/SOG'S MEMBERS WITHOUT A CLASS B OR ABOVE DRIVER LICENSE ARE PROHIBITED FROM DRIVING DEPARTMENT APPARATUS UNLESS PRIOR APPROVAL IS GIVEN BY AN OFFICER.
- PROBATIONARY MEMBERS ARE PROHIBITED FROM THE USE OF EMERGENCY WARNING EQUIPMENT IN THEIR PERSONAL VEHICLES (POV). PROBATIONARY MEMBERS RESPONDING TO THE STATION FOR AN EMERGENCY CALL WILL FOLLOW ALL TRAFFIC LAWS; MEMBERS WILL NOT USE THE VEHICLES STOCK EMERGENCY FLASHERS WHEN RESPONDING. EMERGENCY WARNING EQUIPMENT INCLUDES BUT IS NOT LIMITED TO: **LEDS, STROBES, ROTATING LIGHTS, FLASHING LIGHTS, SIRENS, ETC...** THE USE OF THIS EQUIPMENT WILL BE STRICTLY PROHIBITED TO PROBATIONARY MEMBERS ANY PROBATIONARY MEMBERS FAILING TO FOLLOW THIS DIRECTION WILL BE SUBJECT TO DISCIPLINARY ACTION AS LISTED IN THE SOP SECTION XIII. ALL MEMBERS USING EMERGENCY WARNING EQUIPMENT IS GRANTED APPROVAL BY THE CHIEF OF THE DEPARTMENT.
- PROBATIONARY MEMBERS WILL WEAR ALL PERSONAL PROTECTIVE EQUIPMENT ISSUED TO THEM WHEN RESPONDING TO AN EMERGENCY INCIDENT. PROBATIONARY MEMBERS MAY DRESS DOWN AT AN INCIDENT AFTER APPROVAL HAS BEEN GIVEN BY THE SAFETY OFFICER OR THE INCIDENT COMMANDER FOR THAT SCENE. ANY PROBATIONARY MEMBER WHO IS SEEN IN AN EMERGENCY SITUATION WITHOUT PROPER PERSONAL PROTECTIVE EQUIPMENT (PPE) WILL BE SUBJECT TO DISCIPLINARY ACTION AS LISTED IN THE SOP SECTION XIII.
- PROBATIONARY MEMBERS ARE STRICTLY PROHIBITED FROM PARTICIPATING IN ANY INTERIOR ATTACK OPERATIONS UNLESS PROPER AUTHORIZED/CERTIFIED PERSONNEL IS PRESENT AND AUTHORIZATION HAS BEEN GRANTED BY THE DEPARTMENT CHIEF OR INCIDENT COMMANDER.
- PROBATIONARY MEMBERS WHO ARRIVE AT THE STATION TO RESPOND TO A CALL AND ARE MOUNTED ON FIRE DEPARTMENT APPARATUS, MUST DISMOUNT THE APPARATUS IF A SENIOR FIREFIGHTER ARRIVES TO RESPOND OR A DEPARTMENT OFFICER ORDERS THE PROBATIONARY MEMBER TO DISMOUNT. ANY PROBATIONARY MEMBERS IN VIOLATION WILL BE SUBJECT TO DISCIPLINARY ACTION AS LISTED IN SOP SECTION XIII.

BY SIGNING BELOW THE APPLICANT IS STATING THAT HE/SHE HAS READ THE ABOVE PROBATIONARY MEMBER RESTRICTIONS AND ADHERES TO FOLLOW ALL POLICIES LISTED AND THOSE WHICH ARE STATED IN THE NVFD SOP/SOG'S. FURTHER UNDERSTANDS IN NEGLIGENCE ON THE APPLICANTS PART IN FAILING TO OBEY ALL POLICES AND PROCEDURE WILL SUBJECT THE APPLICANT TO DISCIPLINARY ACTION TO INCLUDE TERMINATION FROM THE DEPARTMENT.

X _____
APPLICANT SIGNATURE

DATE

DRUG & ALCOHOL POLICY:

AT NO TIME WILL ANY NOONDAY FIRE DEPARTMENT MEMBER BE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS (ILLEGAL OR PRESCRIPTION) WHILE ON DUTY OR RESPONDING TO A CALL. A MEMBER MAY NEVER DRIVE OR OPERATE ANY FIRE DEPARTMENT APPARATUS/EQUIPMENT WHILE UNDER THE INFLUENCE OF ALCOHOL, ILLEGAL DRUG OR PRESCRIPTION DRUG THAT COULD IMPAIR JUDGMENT. ANY MEMBER OF THE DEPARTMENT SUSPECTED OF VIOLATION OF THIS POLICY MAY BE REQUIRED TO SUBMIT TO A DRUG OR ALCOHOL TEST BY DIRECTION OF THE CHIEF. IF A MEMBER IS FOUND TO BE USING ILLEGAL DRUGS, OR IS UNDER THE INFLUENCE OF ALCOHOL OR WHILE ON FIRE DEPARTMENT PROPERTY, THAT MEMBER WILL BE PLACED ON SUSPENSION UNTIL AN INVESTIGATION INTO THE INCIDENT IS COMPLETED. DURING THE SUSPENSION PERIOD, THE MEMBER UNDER INVESTIGATION IS PROHIBITED FROM RESPONDING TO CALL AND MUST SUBMIT HIS/HER PAGER AND/OR RADIO TO THE REQUESTING OFFICER.

- **ALCOHOL IS DEFINED AS:** THE INTOXICATING PRINCIPLE OF FERMENTED LIQUORS, PRODUCED BY YEAST FERMENTATION OF CERTAIN CARBOHYDRATES, AS GRAINS, MOLASSES, STARCH, OR SUGAR, OR OBTAINED SYNTHETICALLY BY HYDRATION OF ETHYLENE OR AS A BY-PRODUCT OF CERTAIN HYDROCARBON SYNTHESSES; USED CHIEFLY AS A SOLVENT IN THE EXTRACTION OF SPECIFIC SUBSTANCES, IN BEVERAGES; WHISKEY, GIN, VODKA, OR ANY OTHER INTOXICATING LIQUOR CONTAINING THIS LIQUID.
- **DRUG IS DEFINED AS:** ANY SUBSTANCE THAT HAS KNOWN MIND OR FUNCTION-ALTERING EFFECTS ON THE HUMAN BODY, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, AND PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS. THIS ALSO INCLUDES PSYCHOACTIVE OR CONTROLLED SUBSTANCES, OR ILLEGAL SUBSTANCES, SUCH AS MARIJUANA, COCAINE, METHAMPHETAMINES, OR ANY OTHER ILLEGAL NARCOTIC OR MIND ALTERING SUBSTANCE.
- **ALL MEMBERS ARE OFF DUTY AND PROHIBITED FROM RESPONDING TO EMERGENCIES IF:**
 - ANY ALCOHOL THAT HAS BEEN INGESTED IN THE PAST EIGHT (8) HOURS OR;
 - ANY MEMBER IS UNDER THE INFLUENCE OF ANY NARCOTIC TO INCLUDE ILLEGAL OR PRESCRIPTION DRUGS.

"THE ABOVE POLICY CAN BE FOUND IN THE NVFD SOP'S SECTION XIV PAGE 20 OF THE SOP HANDBOOK ISSUED TO ALL PERSONNEL."

HARASSMENT POLICY:

GENERAL HARASSMENT:

1. HARASSMENT OF ANY MEMBER OF THE NOONDAY FIRE DEPARTMENT IS PROHIBITED.
2. HARASSMENT IS DEFINED AS ANY ACTION (INTENTIONAL OR UNINTENTIONAL) TOWARD ANY OTHER PERSON THAT EMBARRASSES OR INTIMIDATES THAT PERSON.
3. HAZING IS CONSIDERED HARASSMENT AND WILL NOT BE TOLERATED.

SEXUAL HARASSMENT:

1. SEXUAL HARASSMENT OF ANY MEMBER OF THE NOONDAY FIRE DEPARTMENT IS PROHIBITED.
2. SEXUAL HARASSMENT IS DEFINED AS UNWELCOME SEXUAL ADVANCES, REQUEST FOR SEXUAL FAVORS AND VERBAL AND/OR PHYSICAL CONDUCT OF A SEXUAL NATURE WHEN:
 - a. SUBMISSION TO SUCH CONDUCT IS MADE EITHER EXPLICITLY OR IMPLICITLY A TERM OR CONDITION OF AN INDIVIDUAL'S MEMBERSHIP TO THE FIRE DEPARTMENT.
 - b. SUBMISSION TO OR REJECTION OF SUCH CONDUCT BY AN INDIVIDUAL IS USED AS THE BASIS FOR MEMBERSHIP DECISIONS AFFECTING SUCH INDIVIDUAL.
 - c. SUCH CONDUCT HAS THE PURPOSE OR EFFECT OF UNREASONABLY INTERFERING WITH AN INDIVIDUAL'S WORK PERFORMANCE OR CREATING AN INTIMIDATING, HOSTILE, OR OFFENSIVE WORK ENVIRONMENT.

"THE ABOVE POLICY CAN BE FOUND IN THE NVFD SOP'S SECTION XI PAGE 17 OF THE SOP HANDBOOK ISSUED TO ALL PERSONNEL."

POLICIES SIGNATURE:

I, _____, HAVE READ AND UNDERSTAND THE DRUG & ALCOHOL AND HARASSMENT POLICIES SET FORTH BY THE NOONDAY FIRE DEPARTMENT, AND SHALL ADHERE TO THE POLICIES. I FURTHER UNDERSTAND THAT IF I ABUSE ALCOHOL OR DRUGS OR COMMIT AN ACT OF HARASSMENT WHILE IN THE PERFORMANCE OF MY DUTIES; I AM SUBJECT TO DISCIPLINARY ACTIONS, UP TO AND/OR INCLUDING IMMEDIATE TERMINATION OF MY MEMBERSHIP, AND/OR CRIMINAL PROSECUTION IN A COURT OF LAW.

APPLICANT SIGNATURE: _____ DATE: _____