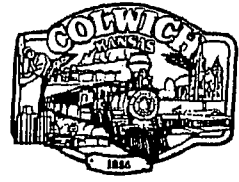


*City of Colwich*



City Administrative Center  
310 S. Second Street  
Colwich, Kansas 67030  
(316) 796-1025

Dear Applicant:

The City of Colwich will be conducting at minimum the following background checks:

- References listed on application
- Verification of all education degrees and/or certifications applicable to the job applied for
- Certified Driving Record – if position requires driving a City vehicle
- Credit History – if position calls for the handling of City funds

Please carefully read the enclosed release form and sign. Signing of the release form and application does not constitute a contract for employment.

The City of Colwich is an Equal Opportunity Employer and an at will employer. Please note that if your driving record prohibits you driving a City vehicle, which may be a requirement of the position and failure to meet this qualification will be grounds for immediate termination. Thank you for choosing the City of Colwich to apply for our open position.

Sincerely,

THE CITY OF COLWICH, KANSAS  
City Council

**NAME**

Last

First

Middle Initial

**Date:**

City of Colwich

Volunteer Fire Department

Application

This application does not constitute an employment contract.

Name- \_\_\_\_\_ Date of Application / /

Gender- Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth / /

Driver's license #- \_\_\_\_\_ DL State- \_\_\_\_\_

DL Class- \_\_\_\_\_ DL Expiration Date / / \_\_\_\_\_ SSN #- \_\_\_\_\_

Height- \_\_\_\_\_ Weight- \_\_\_\_\_ Hair- \_\_\_\_\_ Eye- \_\_\_\_\_

Home address- \_\_\_\_\_

City- \_\_\_\_\_ State- \_\_\_\_\_ Zip- \_\_\_\_\_

Home Phone- \_\_\_\_\_ Availability- \_\_\_\_\_

Business Phone- \_\_\_\_\_ Availability- \_\_\_\_\_

**Education-**

	School and location	Month/Year	Course of Study	Diploma/Degree
High School				
College				
Graduate/Professional				
Other (Specify)				

List any special skills (attach any certificates and/or supporting documentation (if available))

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## City of Colwich, Kansas Authorization to Release Information

To Whom It May Concern:

I hereby authorize the City of Colwich or its duly appointed agent bearing this document, or copy thereof, to obtain any information or records pertaining to my employment, military, or educational history of which you may be the custodian. Further, I direct you as custodian of such records or information, to release such information upon request of the bearer of this document. I release you, as custodian of such information or records, and any employer, educational institution, and/or other institution, agency, business establishment, or organization including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time, may result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This release is executed with full knowledge and understanding that the information is for the official use to the City of Colwich. Consent is granted to the City of Colwich to release such information, as described, to third parties in the course of fulfilling its official responsibilities.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

This authority shall remain in full force and effect until such time as I revoke it in writing. A photocopy of this release shall be valid as the original.

\_\_\_\_\_  
Full Name- typed or printed

\_\_\_\_\_  
Full Name- Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Signature

### Contact Information

Your name: \_\_\_\_\_

Present address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Memorandum of Understanding  
Between Firefighter Applicant and  
The City of Colwich**

Please sign this if you agree to the terms of the following statements. These are expectations of the Fire Chief and citizens of the City of Colwich for members of the Fire Department.

I understand that firefighting involves certain risks. Part of minimizing these risks involves receiving the proper initial training and maintaining skills through participation in bi-monthly drills. I understand that initial training will be provided to me by the City of Colwich at no cost. I further understand that it is my responsibility to other firefighters and members of the public to maintain these skills by attending drill sessions. If I fail to meet minimum attendance standards I understand that I will be released from the Fire Department, unless excused under terms of department Standard Operating Guidelines.

I understand that volunteering for this position involves providing an essential service to the public, and as such I am expected to respond at any time of the day or night. By signing this agreement I agree to respond to all emergencies that I am available for. I understand the City does not expect me to respond when it creates a hardship for my employer, extreme hardship on my family, or when I am not physically capable of doing so. If I fail to meet minimum response criteria, as defined in department Standard Operating Guidelines, I understand I may be released from the Fire Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date