

Albion Volunteer Fire and Rescue Department
Application for Membership

PERSONAL INFORMATION

Last Name: Shively First Name: Tristan Middle Initial: N

Address: 924 W Ruby St / Sex: Male Female

City: Albion State: Nebraska Zip: 68620

Email: tristanshively8@gmail.com Valid Nebraska Driver's License #: _____

Cell Phone: 402-741-9700 Home Phone: _____ Work Phone: 402-741-9191

Age: 22 DOB: 11/01/2003 U.S. Citizen: Yes No

MILITARY SERVICE

Branch: _____ Years in Service: _____ Are You Still Actively Serving: Yes No

EMPLOYMENT HISTORY

Present Employer: GE Vernova Position Held: Wind technician

Work Address: _____ Telephone Number: 402-741-9191

City: Petersburg State: Nebraska Zip: _____

Work Schedule

Shift Length

Straight Days Straight Nights

8 hour 10 hour 12 hour Other: _____

Straight Evening Shift Work

Will your employer allow you to leave work, or be late for work, due to a fire or rescue call? Yes No

May we contact your employer? Yes No

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BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a crime (Except Traffic Violation): Yes No

Comments: _____

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? Yes No

If Yes, give date, location & reason:

Offense Charged: ~~Exhibition driving~~ City/County: Boone State: ~~Nebraska~~ Date: _____

Comments: _____

List all traffic citations you have received in the last five years: (Excluding Parking Tickets)

Offense Charged: Exhibition driving City/County: Boone State: Nebraska Date: 4/3/22

Comments: _____

List any accidents within the last (3) years: (Excluding Parking Tickets)

Location: _____ Date: _____ At Fault: Yes No

EDUCATION

High School: Boone Central State: Nebraska Dates of Attendance: _____

Did you graduate: Yes No

If you did not graduate high school, did you attain a GED? Yes No

College: _____ State: _____ Dates of Attendance: _____

Degree: _____

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FIREFIGHTING EXPERIENCE & TRAINING

Have you previously been a member of a fire department? Yes No Dates Served: _____

If Yes, List Department: _____

Address: _____ Last Ranking Position Held: _____

Are you a certified Firefighter? Yes No Level: _____ Date Received: _____

Are you a certified EMT? Yes No Level: _____ Date Received: _____

Have you attended any fire training: Yes No Attach copies of certificates you have received

Have you had any first aid training: Yes No Attach copies of certificates you have received

Please circle one below

I will be able to respond to: All Calls Day Calls Only Night Calls Only

REFERENCES

Have you ever applied for membership with Albion Volunteer Fire and Rescue Department? Yes No

Are you a member of another Fire Department? Yes No

List members of Albion Volunteer Fire and Rescue Department with whom you are acquainted:

Casey Slaymaker, Taylor Nelson, David Lucken

Do you have any physical, mental or medical impairment or disability that would impair or limit your duties as a Firefighter or EMT? Yes No

AGREEMENT

I, Tristan Shively, do hereby make application for membership in the Albion Volunteer Fire and Rescue Department. I have read and understand the constitution and by-laws of the department and agree to perform all duties and accept the responsibilities as outlined above. I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in suspension or termination.

Signature: Tristan Shively Date: 3/4/26

This Application is co-signed by the following two active members of the Albion Volunteer Fire and Rescue Department.

(1) Ben Ben (2) _____



Release of Information

I understand that if I am chosen as a top candidate my background information will be checked and considered as a result of my application for employment or promotion. This information may include but is not limited to the following:

- Employment Verification
- Reference Checks
- Motor Vehicle Driving Record
- Criminal History
- Sexual Offender Registry
- Social Media Sites
- Verification of educational credentials through original transcripts which you may be asked to provide

I understand that any false information on my application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

My signature on this document will serve as authorization to release any and all information to the Albion Volunteer Fire and Rescue Department and/or the City of Albion. A photocopy or facsimile of this document is as valid as the original.

Applicants Name (Please Print) Tristan Shively

Applicants Signature Tristan Shively Date 3/4/26