

6) Do you have any relatives on the Fire Department? YES NO

7) If yes, who? _____

8) Have you previously applied for a membership in this department? YES NO

9) If yes, when did you apply? _____

Education and Training

1) High School: _____

Did you graduate? YES NO

2) College/Trade School: _____

Subject Major: _____

Did you receive your degree? YES NO

3) Please list any skills which you feel relate to this position: _____

4) Have you received Firefighter/E.M.S. training in the past? YES NO

Type of Firefighter/E.M.S. training: _____

Date: _____

5) Have you received first aid training in the past? YES NO

Type of first aid training: _____

Date last certified: _____

Driving Record Check

1) Do you agree to a driver's license record check? YES NO

a. Driver's license number: _____

State of issuance: _____

Social Security #: _____

b. Do you have truck driving experience?

YES NO

Type of vehicle: _____

c. Driver's license class-A, B, C: _____

d. Endorsements: _____

Availability and Employment History

1) What hours are you available to respond to emergency calls? _____

Approximate minutes from home to Fire Station: _____

Approximate minutes from work to Fire Station: _____

2) Can you be available for the following meetings and training sessions?

First Monday of the month, 7:00-9:00 p.m. (active members only)

YES NO

Third Monday of the month, 6:30-9:00 p.m. (active and probationary members only)

YES NO

Second Saturday of the month, 8:30-11:30 a.m. (active and probationary members only)

YES NO

3) Would you be willing to attend a First Responder or EMT course?

YES NO

4) Present Employer: _____

Supervisor's Name: _____

Address: _____

Phone: _____

Job Title: _____

Date Employed: _____

Total Years Employed: _____

Working Hours: _____

Specific Work Duties: _____

Does business take you out of town?

YES NO

If yes, please explain normally what hours are you out of town: _____

May we contact your employer?

YES NO

5) Please list your Military Service if applicable:

Branch of Service: _____ Number of Years: _____

Reserve Status: _____ Number of Years: _____

Attendance requirements for Reserve or Guard Duty: _____

6) Any mechanical, electrical or other specialized work experience? YES NO

If so, please explain: _____

7) References—please list three references that are not related to you. *Only one reference can be a member of the department and should be an active member in good standing.*

1. Sponsor Name: _____ Phone: _____

Relationship: _____ Length of Relationship (Years): _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Sponsor Name: _____ Phone: _____

Relationship: _____ Length of Relationship (Years): _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Sponsor Name: _____ Phone: _____

Relationship: _____ Length of Relationship (Years): _____

Address: _____

City: _____ State: _____ Zip Code: _____

