

Current and Previous Employers:

Dates of Employment:

Check the usual times when you would be available to respond to emergencies:

Available Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
6:00 am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
midnight to 6:00 am							

Have you had a complete physical exam within the last two years? Yes No

List any allergies: _____

Date of Last Tetanus Shot: _____

Do you have a vehicle that you can drive to training sessions and emergencies? Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? Yes No

Has your drivers license been suspended or revoked within the past five years? Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

In Case of Emergency, Notify Relationship: _____ Phone: _____

LIST 3 REFERENCES: Name Address Telephone No.

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 5 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: _____ Date: _____