

EDUCATIONAL/CAREER INFORMATION:

HIGH SCHOOL GRADUATE: YES OR NO YEAR GRADUATED: _____

NAME OF HIGH SCHOOL: _____

COLLEGE? _____ HIGHEST DEGREE: _____ MAJOR: _____

MINOR: _____ PRESENT OR PAST MILITARY EXPERIENCE _____

NAME OF EMPLOYER: _____

NAME OF SUPERVISOR: _____ PHONE#: (____) _____

PRESENT OCCUPATION: _____

DO YOU HAVE ANY PREVIOUS FIREFIGHTING, DIVING, EMS, MARINE OR ADMINISTRATIVE EXPERIENCE? _____ IF YES, WHEN AND WHERE?

LEGAL INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? _____, IF YES, WHAT WAS THE VIOLATION, DATE, JURISDICTION? _____

DRIVER'S LICENSE NO. _____ EXP. DATE: _____

ISSUING STATE: _____ CLASS/TYPE: _____ RESTRICTIONS: _____

DO YOU HAVE ANY POINTS ON YOUR DRIVERS LICENSE? _____

REFERENCES:

PLEASE LIST THREE REFERENCES NOT RELATED TO YOU OR YOUR SUPERVISOR.

	FULL NAME	ADDRESS	TELEPHONE#
1)	_____	_____	(____) _____
2)	_____	_____	(____) _____
3)	_____	_____	(____) _____

WHY ARE YOU INTERESTED IN JOINING OUR VOLUNTEER FIRE DEPARTMENT? WHAT WOULD YOU LIKE TO GAIN FROM OUR FIRE DEPARTMENT?

PLEASE ATTACH A COPY OF ANY CERTIFICATIONS THAT WOULD BENEFIT THE DEPARTMENT(C.P.R., E.M.T., DRIVER'S LICENSE, FIREFIGHTER I, II, III, DIVER) AND A COPY OF YOUR DRIVING RECORD.

IMPORTANT!!! READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING APPLICATION.

A FALSE OR DISHONEST ANSWER TO ANY QUESTION IN THIS APPLICATION MAY BE GROUNDS FOR NOT ACCEPTING YOUR APPLICATION OR DISMISSAL AFTER ACCEPTANCE. ALL STATEMENTS ARE SUBJECT TO INVESTIGATION INCLUDING FINGERPRINTS, PUBLIC RECORDS, EMPLOYERS AND PERSONAL REFERENCES. PHYSICAL FITNESS MAY BE CHECKED BY A CERTIFIED PHYSICIAN.

CERTIFICATION: I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH.

SIGNATURE OF APPLICANT (SIGN IN INK): _____

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION**

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER THE FEDERAL CONFIDENTIALITY REGULATIONS AND CAN NOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT (E.G. PROBATIONS, PAROLE, ETC.) AND THAT IN ANY EVENT THIS CONSENT EXPIRES AUTOMATICALLY AS DESCRIBES BELOW.

THE AUTHORIZATION EXPIRES UPON COMPLETION OF THIS INVESTIGATION.

EXECUTED THIS _____ DAY OF _____, 199____

SIGNATURE OF APPLICANT _____

FOR DEPARTMENT USE ONLY- DO NOT FILL IN

References checked by: _____ Date Application received _____

Date Application Accepted: _____ Date Separated: _____