

Hygiene Volunteer Fire Department Firefighter Application



Applicant Name: _____
Last First Middle

Address: _____

Phone: _____ Cell: _____

Age: ____ Date of Birth: _____

United States Citizen: ____ Social Security Number : ____ - ____ - ____

Drivers License Number: _____

Class: _____ Endorsements: _____ State: _____

Employer: _____ Occupation: _____

Address: _____
City State

Phone: _____ Work Hours: _____

Have you ever been convicted of a felony: _____ If yes please explain: _____

Has your driver's license ever been revoked or suspended: _____ If yes please explain: _____

Have you been a member of a Fire Department or Rescue Unit: _____

Department Name: _____

Location: _____

Supervisor: _____ Phone: _____

Please provide details of any skills that will benefit you or others as a firefighter: _____

Applicant must be at least 18 years of age and willing to adhere to rules and guidelines of a drug free work environment.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that an omission or falsification of information in this application or other documents submitted in support of this application may result in the rejection of this application, removal or dismissal from the department.

I agree that all statements made in this application may be investigated prior to and during the application process. Including but not limited to a full background investigation.

Applicant's Signature : _____ Date : _____

For Official Use Only

District Board Rated: _____
First Reading: _____
Second Reading: _____
Tabled/Voted: _____
Accepted/Rejected: _____
Second Vote: _____
Accepted/Rejected: _____