

Employment; *Begin with your most recent/current job.*

From Date	To Date	Name of Employer	Supervisor Name	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have reliable transportation? Yes No

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

Has your license been suspended or revoked in the past 5 years? Yes No

Do you have any felony convictions? Yes No

Do you have any misdemeanor convictions? Yes No

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

In Case of Emergency, Notify

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Additional Comments:

*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 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. **Incomplete applications will not be considered.***

Signed: _____ Date: _____

Department Use Only	Notes _____
Interview Date ___/___/___	_____
Accepted Denied	_____