

Reeseville Fire Department

Firefighter Application

LAST NAME FIRST MIDDLE PHONE #

STREET ADDRESS CITY STATE ZIP CODE

ARE YOU OVER 18 YEARS? YES ____ NO ____

IF UNDER 18 PARENT OR GAURDIAN SIGNATURE _____

HOW LONG AT PRESENT ADDRESS? ____ YEARS ____ MONTHS

PROVIDE INFORMATION ON PRESENT EMPLOYER:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA ____ G.E.D. ____

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE SERVICE EXPERIENCE (years & Dept.): _____

EMERGENCY MEDICAL EXPERIENCE: _____

CERTIFIED FIREFIGHTER I: YES ____ NO ____ CERTIFICATE #: _____

OTHER FIRE CERTIFICATIONS: _____

CERTIFIED EMT: YES ____ NO ____ LEVEL ____ CERTIFICATE #: _____

CERTIFIED 1ST RESPONDER: YES ____ NO ____ CERTIFICATE #: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____ BRANCH: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ____ NO ____ LICENSE #: _____

SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER BEEN CONVICTED FOR A FELONY OR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES ____ NO ____ IF YES, PLEASE EXPLAIN: _____

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES ____ NO ____ IF YES, PLEASE EXPLAIN: _____

PLEASE PROVIDE THE NAMES OF TWO CONTACTS THAT CAN BE CONTACTED IN AN EMERGENCY.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

PLEASE PROVIDE THE NAMES OF TWO PROFESSIONAL REFERENCES.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, MEETINGS, DRILLS, AND WORK ON COMMITTEES? _____

(INITIALS)

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE GREENTOP VOLUNTEER FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT:

DATE:

BACKGROUND WAIVER

I _____, _____
Print Applicant Name Date of Birth

_____ am an applicant for a position with
Driver License Number Social Security Number

Reeseville Fire Department. I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information which may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this _____ day of _____, _____
(DAY) (MONTH) (YEAR)

Signature: _____