

ERV'S SPARTA AREA FIRE PROTECTION DISTRICT

FIREFIGHTER APPLICATION

Date: _____

1. Name : _____

2. Social Security Number : _____

3. Driver's License Number : _____

4. Present Address: _____

Own or rent? _____ Telephone number: _____

5. If married, list spouses name, (if wife – include maiden) and any other dependents, names and ages.

SPOUSE: _____

DEPENDENTS: _____

6. List your place and date of birth: _____

7. Age: _____ Weight: _____ Height: _____

8. Describe the state of your health, specifically listing any ailment or weakness that you may have, such as heart condition, chronic back condition, rheumatism, fear of heights, claustrophobia, or other problematic health condition.

9. List the name and address of your present employer:

10. Have your present employer sign here if he or she approves your leaving your work duties to attend fire calls.

11. List your previous employers and dates of employment.

<u>Employer</u>	<u>Dates of employment</u>
_____	_____
_____	_____
_____	_____

12. List your education:

High School: _____ Dates: _____

College: _____ Dates: _____

Other: _____ Dates: _____

13. Have you ever been arrested for anything other than a minor traffic offense? If yes, explain.

14. If you have been in the military, list type of discharge, length of services, rank, and etc.

15. List any experiences you have had with firefighting:

16. List three area individuals as references:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

I understand that this application to become a firefighter with Erv's Area Fire Protection District will require my availability for fire calls between the hours of 7:00 a.m. and 6:00 p.m. I understand that for the first one (1) year of my appointment I will be on the probationary period. I must demonstrate my fitness for continued employment. I further understand that any appointment tendered me will be contingent upon the results of complete character and information or making false statements on this application will be basis for dismissal. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

Signed: _____

Witness: _____

Date: _____