FIREFIGHTER MUST BE 25 YEARS OLD

NAME: PHONE#:

ADDRESS: CITY: STATE:

DATE OF BIRTH: SEX: DRIVERS LICENSE NUMBER:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN SPEEDING?

IF YES, WHAT AND WHEN?

ARE YOU WILLING TO SUBMIT TO A DRUG SCREENING?

WHAT IS YOUR CURRENT OCCUPATION? WHO IS YOUR EMPLOYER?

EMPLOYERS ADDRESS AND PHONE # :

EDUCATION:

HIGH SCHOOL GRADUATE? YES NO GED IF NO, WHAT IS THE HIGHEST GRADE COMPLETED?

COLLEGE: DEGREE: TECHNICAL SCHOOL:

TRAINING: CHECK ONLY THE ONES THAT APPLY:

ROOKIE FIREFIGHTER: FIREFIGHTER 1: FIREFIGHTER 2: HAZMAT TECH:

VEHICLE EXRICATION: EMR: EMT: AEMT:

EMT-P: EVOC: ICS 300: ICS 400:

PLEASE LIST ALL OTHER TRAINING YOU MIGHT HAVE THAT PERTAINS TO FIREFIGHTING:

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PRIOR EXPERIENCE:

HAVE YOU EVER BEEN WITH A FIRE DEPARTMENT BEFORE? IF YES, LIST THE NAME OF THE DEPARTMENT, HOW LONG YOU WERE THERE AND THE RANK YOU ACHIEVED:

ALSO LIST THE NAME OF THE CHIEF, AND THE ADDRESS AND PHONE NUMBER FOR ALL THE DEPARTMENTS YOU WERE PREVIOUSLY IN OR CURRENTLY IN :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IF ACCEPTED AS A MEMBER, WHEN WOULD YOU BE ABLE TO RESPOND TO CALLS?

EMERGENCY CONTACT:

NAME: RELATIONSHIP: PHONE NUMBER: ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WE ALSO NEED TWO REFERENCES:

NAME : ADDRESS: PHONE NUMBER:

RELATIONSHIP:

NAME: ADDRESS: PHONE NUMBER:

RELATIONSHIP:

THE FACTS LISTED IN THE APPLICATION ARE TRUE AND COMLETE. I UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL OR REFUSAL FROM THE GREENBACK FIRE DEPARTMENT.

APPLICANTS SIGNATURE: DATE:

THIS APPLICATION CAN BE PRINTED AND BROUGHT INTO STATION ONE AT 6899 MORGANTON RD, OR FILLED OUT AND EMAILED TO ADMIN@GREENBACKFIRE.COM .