

How long have you been employed: _____ Job Title: _____

If less than one year, please list former employer.

Employed by: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

List three (3) references other than employees or family:

Name	Phone	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been a member of a fire department, rescue squad or similar organization?
Yes _____ No _____

If yes, please explain when, where, and type: _____

What certifications do you have? _____

In a brief paragraph state why you wish to join this department, what the department can gain from your membership and what you expect to gain from membership with our department.

Do you have any felony convictions? Yes _____ No _____

If so, please describe:

Do you have any misdemeanor convictions? Yes _____ No _____

If so, Please describe:

The Worland Fire Department is mandated to comply with the Americans with Disabilities Act (A.D.A.). In an effort to do so, reasonable accommodations will be made throughout the application process. Individuals qualifying for an accommodation under A.D.A. need to contact the Membership Committee at 347-6379. A copy of the essential job skills for firefighters is included in this packet.

I have read and understand the department rules outlined in the letter to applicants concerning the Pre-Membership period and the Probation period. I also understand that a complete check on all references listed will be made and therefore, give my permission to contact any and all references made on this application.

I specifically authorize release of my driving records and inquiries in to my past driving history.

Name

Date

*****For Department Use Only*****

Meeting attended:

Meeting

Date

_____	_____
_____	_____
_____	_____
_____	_____

Committee Recommendation:

Comments:



