

GEARY COUNTY FIRE DEPARTMENT

DATE: _____

NAME: _____

ADDRESS: _____

PHONE -- HOME: _____ CELL: _____

WORK: _____

EMAIL: _____

Please list any previous Fire Fighting experience. _____

Are you Fire Fighter I and/or II Certified? YES NO

Have you ever been investigated or charged with any crime or criminal offense. YES NO

If yes, explain: _____

Driving Record: Accidents or Traffic Tickets received- Date and Reason _____

Current work: Company _____ Address _____

Days Work S M T W T F S Hrs from _____ to _____

The following information is necessary for a disability insurance policy and for emergency treatment if needed. Confidentiality of information is assured.

DATE OF BIRTH: _____ SSN: _____

DRIVERS LICENSE #: _____ STATE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE # _____ CELL: _____

PLEASE LIST ANY SPECIAL HEALTH CONCERNS: _____

REFERENCES: PLEASE LIST 3 REFERENCES NOT RELATED TO YOU, WITH FULL NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP.

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____

I certify that the facts set forth in the Application are true and complete to the best of my knowledge. I understand that if I am approved to be a Volunteer Firefighter with Geary County, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Geary County Fire Department to make an investigation of any of the facts set forth in this application and release them from any liability. They may contact any listed references listed on this application. I understand that I will be considered a volunteer, and I can resign at any time, just as the Fire Department may terminate their relationship with me at any time, with or without cause, with or without notice to the other party.

APPLICANT _____ **DATE** _____

GEFD USE ONLY

DATE INTERVIEWED _____

INTERVIEWERS _____

DATE STARTED WITH GEFD: _____