



**TO BE COMPLETED BY APPLICANTS FOR VOLUNTEER FIRE FIGHTER POSITIONS ONLY**

Name: \_\_\_\_\_

Have you ever been a member of a fire department or rescue squad before?    Yes    No

If yes, may we contact this department / squad?    Yes    No

Department Name:	
Phone No:	Chief's Name:
Employment Period (mo/yr): Beginning	Ending
Reason for Leaving:	

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If you are hired, are you able to respond to all calls; Monday – Friday, 6AM to 4PM?

Yes    No

We hold training and meetings on Thursday nights. Do you have a conflict with this night?

Yes    No