



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:	

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

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

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