

Needing Emergency Services

Application for Position of Fire Fighter or First Responder

Name: Last: _____ Initial: _____ First: _____

Telephone No. _____ Cell: _____ Work: _____

Fax Number: _____ E-mail: _____

Mailing Address: _____

_____ Postal Code: _____

Date of Birth: Day _____ Month _____ Year _____

Driver's License Class: _____ Exp. Date: _____

Are your vaccinations up-to-date? YES _____ NO _____

Are you willing to undergo a criminal records check? YES _____ NO _____

Position being applied for: **Fire Fighter** ___ **First Responder** ___ **Both** ___

Training/Experience related to firefighting or first response: _____

Indicate your periods of availability - Weekdays ___ Evenings ___ Weekends ___ Other ___

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ Work: _____

Signature: _____
[Applicant]

Date: _____

Received: _____
[NES]

Date: _____

Rank: _____ Hall Assignment: _____ Call ID: _____