

Application for
Kittrell Volunteer Fire Department

Date: _____

Name: _____
 First Middle Last

Social Security No.: _____ Home Ph.: _____ Work Ph.: _____

Driver's License No.: _____ Class/Type: _____ Restrictions: _____

Has your license ever been suspended or revoked? YES _____ NO _____
(If YES explain on back)

How many points do you have on your driving record? ____ (If more than 0, explain on back)

Address: _____
 Street Number Street Name

 City State Zip Code

Age: _____ Date of Birth: _____ Height: _____ Weight: _____
 Month, Day, Year

Sex: _____ Eye Color: _____ Hair Color: _____

Marital Status: Married Single Divorced
 Circle One

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Please list two references: _____
 Name

_____ Address Phone

_____ Name

_____ Address Phone

Training And Experience

Present or past Fire Department

Dept. Name: _____

Location: _____
Town or County State

Years Service: From _____ To _____ Position: _____

State Fire School Courses Completed:

Year	Name	Certificate (YES or NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other related courses completed (first aid, extrication, hazardous material, auto mechanics, electrician)

Year	Name	Certificate (YES or NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest grade level completed _____ Graduate? _____

List any other skills that may be useful to the fire department:

Work Schedule & Availability

Employer: _____

Address: _____

City	State	Zip
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Supervisor: _____ Phone: _____

Explain work schedule: _____

When would be the best time for you to meet with other members of the fire department?

Time	Day
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I hereby certify that all the information contained in this application is true to the best of my knowledge. I understand that any false information is grounds for dismissal from the fire department.

I agree that upon acceptance to membership in the fire department, that I will answer promptly any and all fire calls whenever I am in the fire district. I further agree that I will attend all meetings of the fire department, and if I am unable to attend for any reason, that I will notify the Chief, or officer-in-charge, prior to the time of the meeting.

Date _____

Signature

Medical History

Name of Applicant _____

I hereby certify that the above named applicant is physically able to perform the duties of an active fire fighter, and further that the applicant does not have any physical condition which would be aggravated by performing said duties.

Date _____

Signature M.D.