

Crystal Fire Protection District #24

Fire Fighter application

Date: _____

Name: _____ E-Mail: _____

Address: _____

(If less than 3 years please list previous residence on back of this page)

Phone: (day) _____ (night) _____ Birth date _____

SS# _____ Driver's License # _____

Occupation _____ Employer _____

Employer Phone # _____ Address _____

(If less than 3 years list previous employer ,contact and phone number on back of page)

Date of Last Accident _____ Driving Violations: Y ___ N ___

Type of Violation _____

Have you ever been denied Automobile or Medical Insurance: Y ___ N ___

If Yes, why? _____

Condition of Health: Excellent ___ Good ___ Fair ___ Poor ___

Have you ever been on a fire department before? Y ___ N ___ When _____

Where _____ Position _____

Have you had first aid training? Y ___ N ___ What level? _____

Do you have any mechanical training or ability? _____

Assets/Skills that might benefit the dept.? _____

When would you be able to respond? day ___ night ___ weekend ___

Please initial after each.

I agree to attend training sessions sponsored by the department. (_____)

I understand that this application will have to be approved by the Crystal F.D. (_____)

I will undergo an interview with the Chief or someone appointed by him. (_____)

I understand that drug screening may be required. (_____)

I understand that a background check may be conducted and authorize Crystal F.D. to conduct such at their discretion. (_____)

Signature of Applicant _____

Printed Name _____

I understand that any and all equipment issued to me by Crystal Fire Department will remain the property of the department. I will be responsible for normal care and upkeep of this equipment. All equipment is subject to recall by the department as they see fit and at any time.

Signature of Applicant: _____

Printed Name of Applicant: _____

Interview Date: _____ By: _____

Approved: ___ Disapproved: ___ Date _____ By: _____