

Chenango Forks Fire Company Application

Please Circle: **Firefighter/Med Team Member/ Associate Member**

Personal Information:

Name: _____ SS#: _____

Address: _____

Home Phone: _____ Cell: _____

How long have you been at this address: _____

If less than 6 months, please provide previous address: _____

How long at this address: _____

DOB: ____/____/____ Height: _____ Weight: _____

Place of Birth: _____

Driver's License #: _____ Class: _____ Expiration: _____

Restrictions, if any: _____

Have you ever been convicted of **ARSON?** YES/NO

If yes, please explain: _____

Have you ever been convicted of any crime: YES/NO

If yes, please explain: _____

Have you ever been had any traffic infractions? **YES/NO**

If yes, please explain: _____

Place of Employment: _____

Address: _____

Phone #: _____ How long have you been there? _____

Title: _____ Supervisor's Name: _____

If less than one year, previous employer: _____

Address: _____

Phone #: _____ Supervisor's Name: _____

How long were you there? _____

Three references not related to you, not at same address:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Yrs Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Your Health: **Good/Fair/Poor**

Explain: _____

Any physical limitations that may hinder your firefighting duties? **Yes/No**

If yes, please explain: _____

Education:

High School: _____ Graduate: **Yes/No**

College: _____

Years Completed: _____ Major: _____

Any special training? _____

Fire Career:

Have you been a member of a Fire Department/Company? **Yes/No**

If yes, name of department: _____

Address: _____

Phone: _____ Chief: _____

How long there? _____ Position Held: _____

Reason for leaving: _____

Certifications:

Please Circle: **CPR/EMT/FF1/Essentials/Other**

If other, please specify: _____

Please briefly state what you expect from joining? _____

Signature: _____ Date: _____

For Department Use Only:

Interview Committee:

1. _____
2. _____
3. _____

Date application received: ___/___/___

Date committee approved: ___/___/___

Date brought to vote: ___/___/___

Vote results: **Yes/No**

Dues Paid: **Yes/No**

Sponsored By: _____