

TRYONOTA VOLUNTEER FIRE DEPARTMENT EMPLOYMENT/VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

PREV. ADDRESS IF LESS THAN THREE YEARS: _____

EMPLOYER(NAME AND CITY) _____ HOW LONG _____

REFERENCES

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE LIST ANY FIREFIGHTER/EMS EXPERIENCE AND CERTIFICATIONS OBTAINED

ANSWER THE FOLLOWING, FOR ANY YES PLEASE EXPLAIN

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

HAVE YOU EVER BEEN ON PROBATION OR PAROLE? YES _____ NO _____

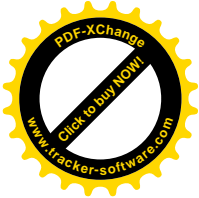
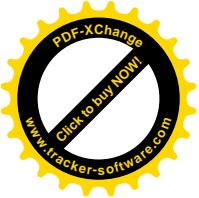
HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A DRUG RELATED CRIME? YES _____ NO _____

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED? YES _____ NO _____

ARE YOU A NATURALIZED CITIZEN OF THE UNITED STATES? YES _____ NO _____

OVER



APPLICANT MUST PROVIDE COPY OF DRIVING AND CRIMINAL RECORD WITH APPLICATION

I hereby certify that all the above information is correct and true to the best of my knowledge. I authorize the Tryonota Volunteer Fire Dept. to check and verify this information by any means they desire. I understand that any false statements by me are grounds for dismissal.

SIGNATURE OF APPLICANT

DATE

For Office Use Only

Approved

Chief

Signature _____

Date _____

Disapproved

Personnel Committee

Signature _____

Date _____



Signature _____

Date _____

Signature _____

Date _____