



KUTTAWA FIRE DEPARTMENT

Application for Membership

APPLICANT INFORMATION									
Last Name			First		M.I.		Date		
Street Address					Apartment/Unit #				
City			State		ZIP				
Home Phone			Work Phone			Cell			
E-Mail			Date of Birth			Social Security No.			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Height		Weight		Name as on Social Security Card	
Are you a Lyon County resident?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Do you have a valid driver's license?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	License#	If CDL what type?	
Have you ever been convicted of ANY CRIME? (including moving violations etc)			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain.		

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree
College					Address				
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree
Other					Address				
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three <u>professional references</u>.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CURRENT EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT	
Company 1	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company 2	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company 3	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From	To
Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

PUBLIC SAFETY EXPERIENCE, CERTIFICATIONS, OR EDUCATION

MEDICAL CONDITIONS & PHOBIAS

List any medical conditions or phobias that may impair your ability to be a firefighter.

DISCLAIMER AND SIGNATURE

I hereby give the information contained in this application for the purpose of obtaining membership to the Kuttawa Fire Department, and state that the information is true to the best of my knowledge. I also give the Kuttawa Fire Department permission to perform criminal background and driver's record checks. By giving this permission I voluntarily release the Kuttawa Fire department, any of its agents and any other state or local organization from any and all legal and civil liability due to any information obtained about me regarding criminal activities. I do understand that any information intentionally given falsely can be grounds for immediate denial of membership with the Kuttawa Fire Department. I also understand that if it is determined after I have been granted membership to the Kuttawa Fire Department that I have intentionally given false information on this application it may be grounds for termination of membership.

Signature

Date

THE KUTTAWA FIRE DEPARTMENT DOES NOT DISCRIMINATE AGAINST DUE TO GENDER, RACE, RELIGION, OR NATIONAL ORIGIN.

THE KUTTAWA FIRE DEPARTMENT IS A DRUG FREE WORKPLACE