

**GARFIELD FIRE DEPARTMENT**

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DOB: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**MEDICAL**

Any allergies or conditions that could effect emergency treatment? \_\_\_\_\_ No \_\_\_\_\_ Yes, explain

\_\_\_\_\_  
\_\_\_\_\_

Are there any medical or physical limitations or disabilities which would prevent you from performing firefighting tasks with or without reasonable accommodation? \_\_\_\_\_ No \_\_\_\_\_ Yes, explain

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

Driver's License # \_\_\_\_\_ Endorsements: \_\_\_\_\_

Driving violations in past 3 years? \_\_\_\_\_ No \_\_\_\_\_ Yes, explain \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**EDUCATION** – Date Completed

High Schl: \_\_\_\_\_ College: \_\_\_\_\_ Tech Schl: \_\_\_\_\_ Other: \_\_\_\_\_

Previous training (i.e. other department, military, etc.): \_\_\_\_\_ No \_\_\_\_\_ Yes, explain \_\_\_\_\_

\_\_\_\_\_

Current 1<sup>st</sup> Aid/CPR Card? \_\_\_\_\_ No \_\_\_\_\_ Yes, expiration/level \_\_\_\_\_

Have you ever been convicted of a crime involving moral turpitude? \_\_\_\_\_ No If yes, please attach a separate sheet with details.

I HEREBY CERTIFY to the truth of the above answers, and that I am in good health, to the best of my knowledge and belief. I authorize the Garfield Fire Department or their agent to check any of the information contained in this application. If accepted, I agree to abide by the present and future policies and protocols of this organization which will be explained.

\_\_\_\_\_  
Member/Applicant

\_\_\_\_\_  
Date