

# ALVA FIRE DEPARTMENT

## Application for Volunteer/Support

LAST NAME	FIRST	MIDDLE	PHONE #	EMAIL
STREET ADDRESS		CITY	STATE	ZIP CODE

ARE YOU OVER 18 YEARS OF AGE? YES \_\_\_ NO \_\_\_  
 HOW LONG AT PRESENT ADDRESS? \_\_\_ YEARS \_\_\_ MONTHS

PREVIOUS ADDRESS: \_\_\_\_\_  
 HOW LONG AT PREVIOUS ADDRESS? \_\_\_ YEARS \_\_\_ MONTHS

### Employment

PROVIDE INFORMATION ON PRESENT EMPLOYER AND LAST TWO EMPLOYERS:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:
			FROM: TO:
			FROM: TO:

### Personal Information

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA \_\_\_ G.E.D. \_\_\_  
 COLLEGE AND/OR TRADE SCHOOL: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_  
 FIRE SERVICE EXPERIENCE: \_\_\_\_\_  
 EMERGENCY MEDICAL EXPERIENCE: \_\_\_\_\_  
 FLORIDA CERTIFIED EMT: YES \_\_\_ NO \_\_\_ LEVEL \_\_\_ CERTIFICATE #: \_\_\_\_\_  
 CERTIFIED FIREFIGHTER ONE \_\_\_ FIREFIGHTER TWO \_\_\_ FCDICE# \_\_\_\_\_  
 DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE? YES \_\_\_ NO \_\_\_ LICENSE #: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED FOR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

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THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:

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### References

PLEASE PROVIDE THE NAMES OF THREE REFERENCES OTHER THAN RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

WHY DO YOU WANT TO BECOME A FIREFIGHTER? \_\_\_\_\_

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LIST ANY FIREFIGHTING EXPERIENCE

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LIST ANY OTHER SKILLS THAT MAY BE AN ASSET TO THE ALVA FIRE DEPARTMENT

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**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS**

**CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE ALVA VOLUNTEER FIRE DEPARTMENT FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.**

SIGNATURE OF APPLICANT:

DATE:

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INCLUDE WITH THIS APPLICATION:

1. COPY OF FL FIRE 1 AND 2 CERTIFICATION & FL CERT OF COMPLIANCE
2. COPY OF FL EMT OR PARAMEDIC CERT
3. COPY OF FL DRIVERS LICENSE
4. I-100, I-200, I-700, I-800, S-130, S-190
5. CURRENT AHA BLS HEALTHCARE PROVIDER
6. COPY OF ANY ADDITIONAL FIRE CERTIFICATIONS YOU MAY HAVE