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:

_____

_____

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:

_____

_____

References

PLEASE PROVIDE THE NAMES OF THREE REFERENCES OTHER THAN RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

WHY DO YOU WANT TO BECOME A FIREFIGHTER? _____

_____

_____

LIST ANY FIREFIGHTING EXPERIENCE

_____

_____

_____

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

_____

_____

_____

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:

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