

ALVA FIRE DEPARTMENT
Application for
Firefighter/EMT

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: _____

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
2. COPY OF FL EMT OR PARAMEDIC LICENSE
3. COPY OF FL DRIVERS LICENSE
4. AHA CPR/BLS PROVIDER
5. COPY OF ANY ADDITIONAL FIRE CERTIFICATIONS YOU MAY HAVE