

WHITMAN COUNTY FIRE PROTECTION DISTRICT No. 12

Volunteer Firefighter Application

Personal Information

Recommended By:

Full Name:			
Address:	<i>Street</i> <i>City,</i> <i>State</i> <i>Zip Code</i>		
Phone No:	<i>Home</i>	Phone No:	<i>Work</i>
Date Of Birth:		S.S. No:	
Driver's License No:			State:
Expiration Date:		Exemptions:	
Emergency Contact:		Phone No(s):	
How long do you plan on living in the local area?			

Employment Information

Employer:		Supervisor:	
Address:	<i>Street</i> <i>City,</i> <i>State</i> <i>Zip Code</i>		
Job Title:		Schedule:	
Duties:			

Experience Information

Fire Fighting:	
EMS and/or First Aid:	
Truck/Eq. Driving:	

References List at least two references other than an employer or relative.

Name:		Phone No:	
Address:	<i>Street</i> <i>City,</i> <i>State</i> <i>Zip Code</i>		
Name:		Phone No:	
Address:	<i>Street</i> <i>City,</i> <i>State</i> <i>Zip Code</i>		

Background Information

Are you eligible for legal employment in the United States? <small>(if employed, proof of identity and legal right to work in the United States is required)</small>	Yes: _____ No: _____
Have you been convicted of any driving infractions within the past five years?	Yes: _____ No: _____ <i>If Yes, Explain</i>
Have you been convicted of a felony and/or misdemeanor within the past seven years?	Yes: _____ No: _____ <i>If Yes, Explain</i>
Have you been found in any proceeding to have violated any state or federal law or rule regarding the practice of a health care professional?	Yes: _____ No: _____ <i>If Yes, Explain</i>
Have you been convicted of abusing a child or developmentally disabled person or vulnerable adult?	Yes: _____ No: _____ <i>If Yes, Explain</i>

Employer Authorization

It is understood that the applicant is applying to become a member of Whitman County Fire Protection District No. 12 (District), and has been approved by his/her employer to become a member of the District.			
Employer's Signature:		Date:	

Applicant Authorization

<p>I certify that this application contains no willful misrepresentation or falsifications, and that the information contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for immediate dismissal from membership.</p> <p>I authorize the District to investigate the statements contained herein and the references and employer listed above, unless otherwise indicated on this application. It is also understood that acceptance to membership is subject to a six month probationary period, and has been approved by my present employer who has been informed completely about my duties and responsibilities as a member of the District.</p>			
Signature:		Date:	