



Southern Stone County Fire Protection District Application & Personnel Information Record

Date: _____

POSITION APPLYING FOR: **Career Firefighter**

Name: _____		
<i>Last</i>	<i>First</i>	<i>Full Middle</i>
Address: _____		
(911 Address)		
City: _____ State: _____ Zip: _____		
Mailing Address: _____		
(If Different Than 911 Address)		
City: _____ State: _____ Zip: _____		
E-Mail: _____		
DOB: _____ Social Security # _____		
Driver's License #: _____ Class: _____ State: _____ Expiration Date: _____		
Height: _____ ft. _____ in. Weight: _____ Hair: _____ Eyes: _____ Sex: M F		
Phone: () _____ (Cell) _____ (Home) _____		

Spouse's Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Spouse's Phone () _____		
Beneficiary: _____ Relationship: _____		
<i>Last</i>	<i>First</i>	
Emergency Contact: _____ Phone: _____		
Blood Type: _____ Allergies: _____		
Hospital Choice: _____ Doctor: _____		
Phone: () _____ (Doctor's Phone) _____ Alternate Phone: () _____ (Doctor's Alternate Phone) _____		

Charged or Convicted with any Criminal Offense(s)? _____ If "Yes," provide details of any and all convictions: _____	

High School Diploma is required, and will need to be shown at the time of interview, along with Fire 1 & 2 and any other documents requested	

All information is confidential



Southern Stone County Fire Protection District Application & Personnel Information Record

Related Experience & References

Name of Dept. /District: _____ Phone number: _____

Name of Supervisor or Chief: _____ Date(s) of Service: _____

Current Certification(s), if any: _____

Previous Fire Training: _____

Please Provide any Certification related to Fire or Medical Service when necessary.

Any other relevant training and/or specialized equipment operation experience? _____

Personal References; please list 3 people, 2 (two) of which need to be relatives, and 1 (one) a friend that we can contact (how long have you known the friend)

1. Name (Relative) & Phone # _____

2. Name (Relative) & Phone # _____

3. Name (Friend & How long) & Phone # _____

Work References; please list 3 work references that we may contact to verify your work history.

Name of Business, Supervisor, phone number, and how long you were employed at each place of employment, and why you left or if you are currently employed.

1. _____

2. _____

3. _____

Valid CPR: YES NO Expiration Date: _____

EMS or EMT Certification: YES NO EMS Certification Type: _____ Expiration Date: _____

I hereby certify that the information provided in the Application for Volunteer Firefighter (Application) is true and complete to the best of my knowledge. I authorized the investigation of all statements contained in the Application, as determined necessary by the District. I further understand that any false and/or misleading information provided in my Application shall constitute a falsification of district document and may result in my ineligibility for employment, or, if discovered following my employment, in my discharge. If employed, I understand that I am required to abide by all the rules and regulations of the District, and that my relationship with the District shall be considered to be of an "at will nature."

Signature: _____ Date: _____