



West Valley Fire Department



FIREFIGHTER APPLICATION

Revision Date: November 2013
(Please print or type)

Today's Date: _____

Personal Data

Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Race: _____ Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino

Can you fluently read, write, understand, and speak English? _____

Driver's License Number: _____ State: _____ Class: _____

Contact Information

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip: _____

Primary Telephone Number: (____) _____ - _____ E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

Primary Telephone: (____) _____ - _____ Secondary: (____) _____ - _____

Why do you want to become a member of the West Valley Fire Department? _____

Education

(check appropriate box)

High School/ GED: Some College: Associates Degree: Higher Degree:

List Degree(s), if applicable: _____

Previous Firefighting/ EMS Experience

Department Name: _____ City/ State: _____

Dates of Membership: _____ - _____ Highest Rank Attained: _____

Reason for Leaving: _____

Chief's Name: _____ Telephone Number: (____) ____ - _____

List any firefighting and/or medical certifications you have, whether current or expired (Copies of certifications will be required):

References

(Please list two personal, and two professional references)

(Personal References)

Name	Relationship	Contact Number	Years Known
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(Professional References)

Name	Title	Contact Number	Years Known
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Supplemental Questions

Fire Fighting, Rescue, and EMS work frequently involves activities that may be physically or emotionally stressful. Do you have any medical or psychological conditions that might prevent or restrict you from certain activities? (Circle one): **Yes / No**

I am familiar with the contents of the Candidate Manual, available on the "Recruitment" page of the West Valley Fire Department web site (www.wvfd.info). (Circle one): **Yes / No**

I realize volunteer fire fighters are expected to respond to emergency calls at a wide variety of hours. (Circle one): **Yes / No**

I am a veteran. (Circle one): **Yes / No** (If yes, please provide a copy of DD form 214.)

Please list anything else that may have a bearing on your application and employment with the West Valley Fire Department: _____

Criminal History/ Driving History

A background investigation will be conducted on you. List any and all infractions below. Any felony convictions are grounds for non-acceptance. All others will be reviewed on a case-by-case basis. Knowingly withholding information will be grounds for non-acceptance and/or termination of membership.

By signing this application, you verify all information contained herein is true and accurate to the best of your knowledge. You also give consent for the Department to conduct a criminal and/or driving history background check. These checks will be conducted prior to your acceptance as a full member, and routinely thereafter, in accordance with ESD 2 policy.

(Signature) (Printed Name) (Date)