



Volunteer Firefighter Application

Instructions: Legibly print this application using black or blue ink only. Sign and date the application. An incomplete application may affect your eligibility.

Personal Information

Name: Last First Middle

Address Street City State Zip Code

Home Phone: Cell Phone:

Email: SSN:

Drivers License Number: Exp. Date: State:

DOB: USA Citizen? Yes [] No []

Have you been convicted of a crime in the last seven years? Yes [] No [x]

If yes, please explain on a separate sheet of paper attached to the application.

(A conviction record will not necessarily bar you from filling a volunteer position)

Can you perform the essential functions of a volunteer firefighter without any accommodations?

Yes [] No []

Employment

List your work experience for at least the last 5 years including self-employment, military service, volunteer work and periods of unemployment. Attach additional sheets if necessary.

Most Recent Experience: From To

Current Employer Phone No.

Address 5400 sw 29th st
Position No. of persons supervised

Supervisor Phone 405 680 0980

Work Schedule Monday thru Friday nights

Specific Duties

Reason for leaving

Indicate any previous firefighting skills, trade, skill, license or certifications you possess related to or will benefit the position of a firefighter:

Please give a brief explanation of what being a volunteer firefighter means to you and why you want to be a volunteer firefighter:

Based upon your work and activity schedule what do you foresee as your availability for emergency responses:

Emergency Information

In case of an emergency, notify:

Name

Phone

Name of nearest relative not living with you:

Name

Phone

Agreement, Certification and Authorization

I hereby certify that my answers to the questions on this application to be true and complete to the best of my knowledge. I understand that any false statement or substantial omission of fact may be cause for not considering me for this position or may be cause for discharge. I hereby authorize investigation of all statements made on this application as well as a full background check and waive all claims against the Richland Volunteer Fire Department and all individual parties for damages which might occur by reason of such investigation.

Signature:

_Date:

Date Received: