

Mazon Fire Department Application

PLEASE READ THE APPLICATION CAREFULLY BEFORE FILLING IT OUT. ALL STATEMENTS MUST BE COMPLETE & ACCURATE. THEY ARE SUBJECT TO VERIFICATION. FALSE AND/OR INCOMPLETE STATEMENTS MAY BAR OR REMOVE THE APPLICANT FROM MEMBERSHIP. USE N/A (NOT APPLICABLE) IF THE QUESTION DOES NOT APPLY. RETURN THE COMPLETED APPLICATION TO THE MAZON FIRE STATION. PLEASE PRINT OR TYPE THE APPLICATION.

POSITION YOU ARE APPLYING FOR: **FIRE FIGHTER** **ENGINEER** **CADET** (CIRCLE)

NAME _____
(FIRST) (M.I.) (LAST)

ADDRESS _____

CITY _____

PHONE: _____ SEX _____ DATE OF BIRTH ____/____/____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____ STATE _____ CLASS _____

MARITAL STATUS _____ # OF DEPENDENTS _____

HIGH SCHOOL ATTENDED _____ GRADUATED/GED DATE _____

COLLEGE OR OTHER APPLICABLE TRAINING _____

DEGREES AND TYPE, LIST _____

ARE YOU CURRENTLY STATE BASIC OPERATIONS FIRE FIGHTER CERTIFIED? YES _____ NO _____

ARE YOU CURRENTLY EMERGENCY MEDICAL RESPONDER (EMR) OR HIGHER? YES _____ NO _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ PHONE # _____

SUPERVISOR _____

CAN YOU LEAVE TO ANSWER CALLS? YES _____ NO _____

HAVE YOU HAD ANY MOVING TRAFFIC VILATIONS IN THE PAST 5 YEARS? IF YES, EXPLAIN.

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

IF YES, EXPLAIN _____

HAVE YOU BEEN INVOLVED IN A TRAFFIC ACCIDENT IN THE LAST FIVE YEARS? _____

IF YES, EXPLAIN _____

TO WHAT EXTENT DO YOU USE ALCHOL? _____

DO YOU HAVE OR HAVE YOU EVER HAD AN EMOTIONAL OR PHYSICAL DISABILITY WHICH MAY CAUSE A PROBLEM IN YOUR CAPACITY AS A FIREFIGHTER? _____ IF YES, EXPLAIN _____

WHEN WAS YOUR LAST PHYSICAL EXAM? _____ DOCTOR _____

ADDRESS _____ PHONE # _____

HAVE YOU EVER APPLIED AT ANY OTHER DEPARTMENT BEFORE? _____

IF YES, WHERE _____ WHEN _____

WERE YOU ACCEPTED? _____ IF NO, EXPLAIN _____

WHY DO YOU WANT TO BECOME A MEMBER OF THIS ORGANIZATION? _____

REFERENCES

PLEASE SUPPLY INFORMATION ON THREE OR MORE ADULTS NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN 5 YEARS. ALL PERSONS LISTED MAY BE ASKED FOR A CHARACTER REFERENCE.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

I, _____ HEREBY AUTHORIZE THE MAZON FIRE DEPARTMENT OR ANY OF IT'S OFFICERS, AGENTS, OR DIRECTORS TO FULLY AND COMPLETELY INVESTIGATE ALL MATTERS DIRECTLY OR INDIRECTLY RELATING TO ANY INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY FURTHER AUTHORIZE THE MAZON FIRE PROTECTION DISTRICT, MAZON FIRE DEPARTMENT, AND LAW ENFORCEMENT AGENCIES OR MEDICAL SERVICE PROVIDERS, INCLUDING HOSPITALS, PHYSICIANS, AND CLINICS TO FURNISH ANY INFORMATION WHICH WOULD RELATE DIRECTLY OR INDIRECTLY TO ANY INQUIRES CONTAINED IN THIS APPPLICATION OR MY ABILITY OR QUALIFICATIONS TO SERVE AS AN EMERGENCY SERVICE WORKER. I FURTHER SPECIFICALLY AUTHORIZE AND AGREE TO GIVE ANY SUCH MEDICAL SERVICE PROVIDERS, OR LAW ENFORCEMENT AGENCIES WRITTEN PERMISSION TO PROVIDE SUCH INFORMATION TO THE MAZON FIRE PROTECTION DISTRICT UPON REQUEST. **I FURTHER GIVE CONSENT TO HAVE A BACKGROUND CHECK COMPLETED BY LOCAL OR STATE AGENCIES.**

I HEREBY STATE THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILLFULLY FALSE INFORMATION MAY PROHIBIT ME FROM BEING ACCEPTED AS A MEMBER OF THE MAZON FIRE DEPARTMENT.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

BOARD REVIEW

INTERVIEWED BY _____

APPROVED ()

REJECTED ()

FIRE CHIEF _____ DATE _____

REVIEW AFTER 3 MONTHS _____

REVIEW AFTER 6 MONTHS _____

REVIEW AT 1 YEAR _____
