



Personal Information

Full Name:

Address:

City:

State:

ZIP:

Phone Number:

Email Address:

Date of Birth:

Social Security Number (last 4 digits):

Position Applied For

☐ Firefighter/EMT/Paramedic

☐ Civilian Paramedic

☐ Other:

Employment Eligibility

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Do you possess a valid driver's license? Yes No

License Number: State: Exp:

Have you ever been convicted of a felony? Yes No

If yes, explain:

Education & Training

High School: Graduation Year: Diploma/GED: Yes No

College/Trade School:

Degree/Certification:

Fire/EMS Training:

PSID #:

Employment History

1. Employer:

Position:

Dates Employed:

Supervisor:

Phone:

Reason for Leaving:

2. Employer:

Position:

Dates Employed:

Supervisor:

Phone:

Reason for Leaving:

Fire/EMS Experience

Do you currently serve in a fire department? Yes No

Department:

Position/Rank:

Years of Service:

Military Experience

Military Service? Yes No

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

References

1. Name:

Relationship:

Phone:

2. Name:

Relationship:

Phone:

3. Name:

Relationship:

Phone:



Physical & Medical Information

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

Have you completed a medical/physical agility test for firefighting? Yes No

Applicant Statement

I certify that the information provided in this application is true and complete. I authorize verification of employment, education, criminal history, and driving record. I understand that false information may result in disqualification or termination.

By checking this box, you confirm that the information provided is true and accurate to the best of your knowledge.