

SOUTH YREKA VOLUNTEER FIRE DEPARTMENT
APPLICATION & PERSONAL FILE

FIRST NAME: _____ MIDDLE IN: _____ LAST NAME: _____

ADDRESS: _____ TOWN: _____ D.O.B. _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK ADDRESS: _____

SOCIAL SECURITY: _____ DRIVERS LIC. # _____

AUTO INSURANCE CARRIER: _____ POLICY NO. _____ DATE: _____

IN CASE OF EMERGENCY CALL: NAME: _____ PHONE NUMBER: _____

DEPENDENTS: _____

ANY TRAINING OR EXPERIENCE THAT WOULD HELP US IF YOU ARE ACCEPTED ON TO THE DEPARTMENT: IE. CLASS B DRIVERS LIC., CPR, MEDICAL TRAINING, MANAGEMENT SKILLS, MILITARY EXPERIENCE, ECT.

CAN YOU RESPOND TO A FIRE CALL FROM YOUR JOB? _____

WHAT IS THE DISTANCE FROM WORK TO THE FIRE STATION _____

DATE THIS APPLICATION WAS RECEIVED BY A SOUTH YREKA FIRE OFFICER: _____

DATE ACCEPTED AS A TRAINEE ON THE DEPARTMENT: _____

(MUST HAVE ATTENDED 3 MEETINGS, OR APPOINTMENT BY CHIEF AND A OFFICER)

DATE REVIEWED BY STAFF OFFICERS. TRAINEE MUST APPROVE AND UNDERSTAND ALL RULES AND PROCEDURES, INCLUDING BLOODBORN PLAN AND HEPATIS SHOTS. USE NOTES BELOW FOR COMMENTS (DURING FIRST 3 MONTHS) _____

DATE VOTED AND APPROVED AS A REGULAR FIREFIGHTER: _____

(AFTER COMPLETION OF OUT BASIC TRAINING PROGRAM)

FIRE CHIEF SIGN AND DATE AFTER COMPLETION OF THE ABOVE: _____

TERMINATION: (GIVE REASON AND DATE)

CHIEF OFFICER SIGNATURE FOR TERMINATION: _____

NOTES:
