

MEDICAL INFORMATION

Do you have any physical limitation that preclude you from participating in firefighting? Yes No

If Yes, Explain:

Medical Issues - Check all that apply:

Asthma ___ Heart Disease ___ High Blood Pressure ___ Breathing Difficulties ___

Phobias - Check all that apply:

Heights ___ Confinement ___ Blood ___ Darkness ___

Other Medical History:

GENERAL INFORMATION

Have you ever drawn Workman's Compensation? Yes No

If Yes, Explain:

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, Explain:

Why do you want to become a Whitesville Firefighter?

How much time are you willing to devote to this department?

PREVIOUS FIREFIGHTING EXPERIENCE/EMS EXPERIENCE

Agency

Position Held

Dates of Service

License/Certifications

State

License Number

License Exp. Date

REFERENCES

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

I certify that the facts contained in this application are true and complete to the best of my knowledge. I also understand that if I am accepted for service, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements on this application and contact of the references listed. I release all parties from all liability for any damage that might occur from the release of pertinent information, personal or otherwise. I also agree to have my criminal and driving history checked by the department and agree to be drug tested.

Signature

Date