

Whitesville Fire Department Firefighter Application

PERSONAL INFORMATION						
Last Name	First Nam	ne	Middle Name	Social	Security Number	
Street Address	;		City	State	Zip	
Home Phone		Cell Phone		Email Addre	ess	
Date of Birth				Current Age	9	
Gender: Male	Female	Do you live	or work within t	he Whitesville	service area? Y N	
DRIVING RECO	ORD					
Driver's License Number			Expiration Date			
Have you had an accident or moving violation in the last 3 years? Yes No If Yes, Explain						
EMPLOYMENT						
Current Emplo	yer					
Job Title				Hire D	ate	
Normal Work S	Schedule					

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?							

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			

PREVIOUS FIREFIGHTING EXPERIENCE/EMS EXPERIENCE