

**Firefighter
Supplemental Application
Application Deadline: Until position is successfully filled**

Applicant Name: _____

Please review the Firefighter Job Description before answering the following: list any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position.

List any apprenticeship(s) served or trades learned that might relate to this position: _____

Capable of operating the following equipment that might relate to this position: _____

Have you been a member of a Fire Department elsewhere/length? _____

Name/location of Department: _____

First Aid Training: ____ Yes ____ No Date last certified: _____

C.P.R. Training: ____ Yes ____ No Date last certified: _____

E.M.T. Training: ____ Yes ____ No Date last certified: _____

First Responder Training: ____ Yes ____ No Date last certified: _____

Truck Driving Experience: ____ Yes ____ No Type of Vehicle(s): _____

Do you have any health (medical/physical) conditions that may hinder your performance as a firefighter: _

Does height affect you? _____ Are you claustrophobic? _____

Can you attend sessions and firefighter training programs once a week? ____ Yes ____ No

If no, explain:

What hours are you available to respond to (emergency) calls?

Why do you want to become a firefighter?
