

SPIRIT LAKE COMMUNITY FIRE DEPARTMENT

VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY

Personal Information

Today's Date	LAST Name	FIRST Name	MIDDLE Name
List any alias names you have used in the past or maiden name if applicable.			
Date of Birth	Drivers License Number	Drivers License State	
Home Phone	Cell Phone	E-mail Address	

Current and Previous Addresses

	House Number & Street	City	State	Zip Code	From <i>mm/yyyy</i>	To <i>mm/yyyy</i>
Current						
Previous						
Next Previous						

Employment Information

Certifications

<p>Are you legally eligible for employment in the United States?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If hired, you will be required to provide proof of eligibility.</p> <hr/> <p>Are you twenty-one (21) years of age or older?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If hired, you will be required to provide proof of age.</p>	<p>Iowa Firefighter Certifications:</p> <p><input type="checkbox"/> Firefighter 1</p> <p><input type="checkbox"/> Firefighter 2</p> <p><input type="checkbox"/> Other:</p>	<p>Certifications from other states:</p>
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Employment History • List present and past employment below, with the most recent employment first

1 Name of Company	From	To	Permission to contact this employer?
Address	<i>mm/yyyy</i>	<i>mm/yyyy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone			
Describe the work you did.			

2 Name of Company	From	To	Permission to contact this employer?
Address	<i>mm/yyyy</i>	<i>mm/yyyy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone			
Describe the work you did.			

Military History

Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, was your last discharge honorable? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Criminal Record

Have you ever been convicted of a crime? Yes No If yes, please list below.

Date	County and State	Crime	Explanation

Personal References

Please do not list former employers or relatives

Name and Occupation	Address	Phone Number

Please read and sign below

My signature below signifies that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me.

Date

Signature of Applicant