

# FOUR COMMUNITIES FIRE DEPARTMENT

# VOLUNTEER APPLICATION

## APPLICANT INFORMATION

Fill out application electronically, then print and sign.

This application must be accompanied by 2 clear and legible copies of your Florida Driver's License and Social Security Card (or work visa)

Application Type: Volunteer Firefighter <input type="checkbox"/>		Support/Corporate Member <input type="checkbox"/>	
Last Name:		First Name:	
Date of birth:		SSN:	FL DL #:
Current address:		How long at this address:	
City:	State:		ZIP Code:
Home Phone:	Cell Phone:	Email:	

If your legal name has ever changed, please provide previous name and date of change:

## EMPLOYMENT INFORMATION

Current/Most Recent employer:		
Employer address:		How long:
City:	Phone:	Supervisor:
Start Date:	End Date:	Hours/Week:
Position:	Reason for Leaving:	

## EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		Alt Phone:

## PERSONAL/BACKGROUND

Has your driver's license ever been suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been arrested for DUI? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever received a criminal traffic citation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been treated for any form of substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted, pled nolo contendere, or had adjudication of guilt withheld in connection with any criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been denied membership in or employment by, any Fire, Rescue or Emergency Medical Services organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any limitations that would prevent you from participating in physical training or performing the activities of a Firefighter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any criminal charges pending against you or open arrest warrants? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**If you have answered "Yes" to any of the above question, you MUST provide details on the back or a separate sheet.**

*Note: A "Yes" answer to any of the above will not automatically disqualify you. The nature, job relatedness, severity and date of the offense may be considered.*

## EDUCATION & FIRE/EMS EXPERIENCE

*Copies of Certifications are NOT required at this time, but may be needed upon Membership Acceptance.*

Education (Highest Completed): <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Other:			
Previous Dept. Name:		Location:	Contact #:
FL Firefighter 1 <input type="checkbox"/>	FL State Standards <input type="checkbox"/>	EMR/1 <sup>st</sup> Resp. <input type="checkbox"/>	FL EMT-B <input type="checkbox"/> FL Paramedic <input type="checkbox"/>
NWCG Wildland S-130/S-190 <input type="checkbox"/>			
Other:			

## SIGNATURE

I authorize the verification of the information provided on this form, and I hereby attest that all of the above information is complete and accurate, and I understand that providing false information is grounds for application rejection or membership termination. If accepted as a member, I also agree to provide updates to any/all of the above information, in writing to the Fire Chief within 72 hours of any changes.

Signature of applicant:	Date:
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## \*\* FOR DEPARTMENT USE ONLY \*\*

Application Date:	Verified by:	EFACTS <input type="checkbox"/> Sexual Offender Registry <input type="checkbox"/>
FL DL Copy <input type="checkbox"/> Soc. Sec. Copy <input type="checkbox"/>	Date Voted:	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Withdrawn <input type="checkbox"/>

Notes: