

ALBION LITTLE RIVER FIRE PROTECTION DISTRICT

Firefighter Application

I wish to become a firefighter employee of the Albion Little River Fire Protection District.

Name: _____

Street/Town: _____ / _____

Mailing: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

I am legally authorized to work in the U.S: Initial: _____

I can provide proof that I am at least 18 years of age: Initial: _____

My physical, health or mental limitations that could interfere with my performance on the job for which I am applying: *(Employment is contingent on applicant meeting minimum physical/mental demands of the position)*

Previous firefighting or emergency responder experience?

NO _____ YES _____ Agency: _____

Previous/current training & certificates: _____

I agree to criminal and driving record checks? Initial: _____

Social Security Number: _____

Drivers License #: _____ Class: _____ State: _____

I am interested in completing a First Responder or EMT course?

NO _____ YES _____

I am willing to obtain a firefighter endorsement drivers license?

NO _____ YES _____

Signature: _____ Date: _____

I warrant that the information provided is true. If hired, I agree to follow all district rules and applicable laws to the best of my ability.