

# New Carlisle Fire Department

## Application for Employment (Volunteer)

Please fill out all areas. Print clearly in ink

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Previous address if less than 5 years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_ U.S. Citizen: Yes  No

Drivers License #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Hours: \_\_\_\_\_ How long at current employer: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Education Level	Name of School	Address	Complete? Degree/Certificate Level
High School / GED			
College			
Trade School / Academy			

Military Experience: Yes  No  Details: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Mental Limitations: \_\_\_\_\_

Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescription Drugs: \_\_\_\_\_

Transportation Vehicle Type: \_\_\_\_\_

Would you submit to a drug screen? Yes  No

Would you submit to a background check? Yes  No

**Personal References (No family members please):**

Name:	Address:	Phone #:	Relationship / Years

**Personal Information:**

Nearest relative not living with you: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes  No

If Yes, Please Explain: \_\_\_\_\_

Any driving record violations? Yes  No  If Yes, Explain: \_\_\_\_\_

Do you drink alcohol? Yes  No  Do you do drugs? Yes  No  If yes, which: \_\_\_\_\_

Do you use tobacco products? Yes  No  If yes, which: \_\_\_\_\_

Do you have any phobias? Yes  No  If yes, what kind: \_\_\_\_\_

Please list any other organizations you currently or historically belonged to: \_\_\_\_\_

\_\_\_\_\_ What are your hobbies? \_\_\_\_\_

Does your family support your decision to join the fire department? Yes  No

Are you aware of the inherent dangers in the job of firefighting? Yes  No

Are you willing to attend all business meetings and trainings? Yes  No

What would other say are your strongest attributes? \_\_\_\_\_

What would others say are your weakest attributes? \_\_\_\_\_

In summary, Why do you want to be a volunteer firefighter? \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Officers Present: \_\_\_\_\_

Comments: \_\_\_\_\_

Officers Signatures: \_\_\_\_\_

Recommendation: Approve  Deny  Body Vote: Approve  Deny  Date of vote: \_\_\_\_\_