



Colona Community Fire Protection District Employment Application

Please fill out completely

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home telephone number: _____

Are you 18 years old or over? Yes No Social Security Number: _____

Driver license number: _____

Restriction on driver license: _____

Employment & Education

Place of employment: _____

Employer's address _____ Employer's phone: _____

Hours Which You Are Employed: _____

Are you a high school graduate? Yes No Year graduated: _____

High school name: _____ City: _____ State: _____

GED equivalent: Yes No Year completed: _____

College: _____ Degree: Yes No

Type of Degree: _____

Other education completed: _____

Where completed: _____ City: _____ State: _____

Fire Experience

Have you been on any other fire department: Yes No

Department name: _____ Phone: _____

Years on department: _____ Reason for leaving: _____

turn over and complete other side

Availability

What time of day will you be available to answer calls? (check all that apply)

- 8am – 5pm 5pm – Midnight Midnight – 8am
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Medical Information

Height: _____ Weight: _____ lbs Date of last physical: _____

Any medical conditions? _____

Medications taken at this time: _____

Allergies to medication: _____

Personal Physician: _____ Phone Number: _____

Physician's Address: _____ City: _____ State: _____

References

List 3 people other than family members that we may call as a reference:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Criminal History

Traffic violations within the past 2 years: Yes No

Misdemeanors within the past 3 years: Yes No

Have you ever had a felony conviction: Yes No

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Telephone Number: _____

Read and check all boxes:

- I do hereby affirm that all the information placed on this application is true to the best of my abilities. Any misrepresentations may terminate my position on the Colona Community Fire Department.
- I affirm that I am joining of my own free will and agree to abide by all rules, SOP's and SOG's imposed by this district and fire department
- I understand that firefighting is one of the most dangerous occupations there is.
- Colona Community Fire Protection District has a zero tolerance drug free environment and before being allowed to join I will consent to a drug test.
- I give my consent for and understand that Colona Community Fire Protection District will conduct a background check.

Signature: _____ Date: _____