



Bar Nunn Fire Department

Eugene Zahara – Fire Chief

APPLICATION

Name _____
(Last) (First) (Middle)

Address _____ Apt. No _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____

Are you over 18 years of age: ____ Yes ____ No

Name of Current Employer _____

Address of Current Employer _____

City _____ Zip Code _____

Would Employer allow you to leave work for a call? _____

EDUCATION AND TRAINING

High School _____ College _____ Trade School _____
Yrs. Attended Yrs. Attended Yrs. Attended

College/Trade-subject majored in _____ Degree ____ Yes ____ No

List any skills or training that you feel relate to this position

Have you been a member of a fire department before? ____ Yes ____ No

If so, where? _____ Chief's Name & Number _____

Medical Training? ____ Yes ____ No Date last certified _____

Type of Medical Certification: EMR EMT-B EMT-A EMT-I EMT-P

Are you in good health? ____ Yes ____ No

Drivers License Number _____ State _____ Class _____

FEMA Training: IS100 IS200 IS700 IS800 IS5a

List any other FEMA Training not listed above:

NWCG Training: L180 S130 S190

List any other NWCG Training not listed above:

Do you hold any of these certifications: Firefighter I Firefighter II Fire Officer Fire Inspector

Can you attend meetings and training 3-4 times a month? _____ Yes _____ No

Why do you want to be a firefighter for Bar Nun Fire Department?

FORMER EMPLOYERS

List below most recent employer first including any volunteer experience. List complete employment history, but do not provide dates of employment for jobs held more than 10 years ago.

1. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

2. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

3. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

REFERENCES

List three persons not related to you whom you have known at least one year including at least one co-worker.

NAME	ADDRESS	RELATIONSHIP	PHONE #
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1. _____

2. _____

3. _____

AUTHORIZATION

(Please read the following statements carefully)

I certify that the information contained in this application (and accompanying resume, if any) is correct and I have not omitted any information.

I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references, and my prior employers listed above to provide my record, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result there from.

Signature

Date

(For Fire Department Use Only)

Date of Application Received:

Received By:

Interview Date:

Time:

Moved to Background Investigation Date:

Moved to Physical Date:

Gear Issued Date: