

Walcott Fire Department Trainee Application Form

Name _____ ss # _____
(Last) (First) (Initial)

Street Address _____ City _____ State _____ Zip _____

Date of Birth _____ Day Phone _____ Evening Phone _____

Walcott Resident _____ How Long _____ US Citizen _____ (If Not) Visa _____

Marital Status _____ Dependents _____ Emergency Contact _____

Highest Level of Education _____ Grad School _____ College _____

Employer _____ Address _____

Can you respond to alarms from your work? Yes No Sometimes

Do you work Days Evenings Split Shift

How would you rate your health and physical condition? Excellent Good Fair Poor

Have you ever had occurrences or problems with.... (check if applicable)

SIGHT HEARING SKELETAL POLIO DIABETES ASTHMA

HEART KIDNEYS HERNIA BACK LUNGS BLACK OUTS

RHEUMATIC FEVER VARICOSE VEINS OTHER _____

Have you ever been hospitalized for treatment or observation? YES NO

If so, for what? _____ When? _____

Any accidents, operations or serious illnesses? If yes explain _____

Are you taking any prescription medications? YES NO Please list type _____

Are you taking any non prescription medications? YES NO List if yes _____

Have you ever been or are you disabled in any way? _____

Have you ever received workman's compensation or disability benefits? YES NO

Have you ever been convicted for a felony or misdemeanor offense? YES NO

Please explain if yes _____

Do you hold a valid Drivers License YES NO State _____ Number _____

Has your license ever been suspended or revoked? YES NO

(if yes explain) _____

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Have you ever applied for membership with us before? YES NO

Do you have any friends or relatives who are members of the Walcott Fire Department? If so, please list them. _____

Please describe any specialized training, apprenticeship, skills and extra-curricular activities that may be helpful to us in considering your application.

References (Give name, address and telephone number of three references who are not related to you or a prior employer.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at your decision of acceptance.

Further, I understand that false or misleading information given in my application or interview(s) shall be considered sufficient cause for dismissal. I understand that an incomplete application or an absence of my signature on this application is just cause for rejection of this application. I agree to entrance exams, if necessary, at the Fire Departments cost. I understand that I am required to abide by all rules, bylaws and constitution of the Walcott Fire Department and the City of Walcott.

I agree to a complete background check by the Walcott Fire Department if so desired and release the Department, the City of Walcott and the parties they contact, from any liability resulting therefrom.

SIGNATURE OF APPLICANT

DATE

THE WALCOTT FIRE DEPARTMENT AND THE CITY OF WALCOTT DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS OR PHYSICAL OR MENTAL DISABILITY AND IS COMMITTED TO TAKE AFFIRMATIVE ACTION TO ALLOW PARTICIPATION BY WOMEN, MINORITIES, INDIVIDUALS WITH DISABILITIES AND VETERANS OF ANY WAR IN WHICH THE UNITED STATES HAS BEEN ENGAGED.