

# APPLICATION FOR CHURUBUSCO / SMITH TWP. FIRE DEPARTMENT



**PLEASE TYPE OR PRINT THIS APPLICATION**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

SOCIAL SECURITY No: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CAN YOU LEAVE WORK FOR FIRE RUNS IF NEEDED?

YES  NO

NORMAL HOURS OF AVAILABILITY: \_\_\_\_\_

WORK HOURS: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF THIS DEPARTMENT BEFORE?  YES  NO

IF YES, LIST SERVICE DATES: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT?  YES  NO

IF YES, WHICH DEPARTMENT: \_\_\_\_\_

CITY: \_\_\_\_\_ CURRENT CHIEF'S NAME: \_\_\_\_\_

ARE YOU CURRENTLY A CERTIFIED FIREFIGHTER?  YES  NO

IF YES, CLASS(s): \_\_\_\_\_ CERTIFICATION No: \_\_\_\_\_

HAVE YOU EVER BEEN TRAINED IN THE FOLLOWING AREAS?

FIRST RESPONDER Y or N DATE(s) TRAINING WAS TAKEN: \_\_\_\_\_

CPR CLASS(s) Y or N DATE(s) TRAINING WAS TAKEN: \_\_\_\_\_

RESCUE TRAINING Y or N DATE(s) TRAINING WAS TAKEN: \_\_\_\_\_

# APPLICATION FOR CHURUBUSCO / SMITH TWP. FIRE DEPARTMENT

(continued)

DO YOU HAVE ANY MEDICAL HISTORY OF THE FOLLOWING?

- HEART DISEASE       HEART ATTACKS       LUNG DISEASE  
 DIABETES       SEIZURES       BACK OR SPINE INJURY  
 ALLERGIES TO ANY MEDICATIONS

EXPLAIN ANY THAT ARE CHECKED: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU HAD ANY DRUG OR ALCOHOL PROBLEMS?       YES       NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?       YES       NO

IF "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A CURRENT AND VALID DRIVERS LICENSE?       YES       NO

IF "NO", PLEASE EXPLAIN: \_\_\_\_\_

DRIVERS LICENSE No: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

HAS YOUR DRIVERS LICENSE BEEN SUSPENDED WITHIN THE LAST FIVE YEARS?

YES       NO

IF "YES" PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATION(S) THAT WOULD PRECLUDE YOU FROM PERFORMING ANY  
WORK FOR WHICH YOU ARE BEING CONSIDERED FOR?       YES       NO

IF "YES" WHAT REASONABLE ACCOMODATIONS CAN BE DONE TO ACCOMODATE YOUR  
LIMITATIONS? \_\_\_\_\_  
\_\_\_\_\_

# APPLICATION FOR CHURUBUSCO / SMITH TWP. FIRE DEPARTMENT

(continued)

PLEASE LIST 3 REFERENCES BELOW

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____

PLEASE EXPLAIN WHY YOU WANT TO BECOME A MEMBER OF THIS FIRE DEPARTMENT AND WHY

YOUR SERVICES WILL BE OF BENEFIT TO THE FIRE SERVICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ HEREBY CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE AND UNDERSTAND I WILL BE EXPECTED TO FOLLOW THE RULES AND BY-LAWS OF THE CHURUBUSCO VOLUNTEER FIRE DEPARTMENT INCORPORATED, WHICH WILL BE PRESENTED TO ME UPON MY PLACEMENT AS MEMBER OF SAID DEPARTMENT. I ACKNOWLEDGE I WILL BE PLACED ON A ONE-YEAR PROBATION PERIOD, AND IF I DON'T FULFILL MY DUTIES I MAY BE DISMISSED FROM THE FIRE DEPARTMENT WITH NO LEGAL RECOURSE.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_