FAYETTEVILLE FIRE DEPARTMENT APPLICATION

PO BOX 812 150 LIVELY ST
FAYETTEVILLE, WV 25840
(304) 574-0712

DATE:_____

1. Name: _____ _____ _____ _____
First Middle Maiden Last

2. Current Address: _____ _____ _____ _____ _____
Number Street Town State Zip No. of Years

3. Previous Address: _____ _____ _____ _____ _____
Number Street Town State Zip No. of Years

4. SSN: _____ 5. Phone: (Home) _____ (Cell) _____

6. Birth Date: _____ Age: _____ Where Born: _____ U.S. Citizen: _____

7. Health: Excellent ____ Good _____ Fair ____ Poor ____ 8. Height: Ft. _____ In. _____ 9. Weight: _____

10. Do you have any disabilities that would prevent you from any firefighting duties: Yes ___ No ___

If yes, list _____

11. Marital Status: Single _____ Married _____ 12. Spouse Name _____

13. In Case of Emergency Contact: _____ Phone: _____

14: Drivers' License Number: _____ State: _____

Current Insurance Company: _____

Insurance Company Phone Number: _____ Agent: _____

License ever suspended or revoked: _____ When: _____

If yes, explain _____

_____

_____

15. Military Service: Yes: ___ No: ___ Dates of Service: _____ Branch: _____

Rank: _____ Type of Discharge: _____

Duties and Specialty Field: _____

_____

16. Member of National Guard or Reserve: Yes ___ No ___ Rank: _____

Duties: _____

Meeting Requirements: _____

17: Name and Address of High School: _____

_____

Year Graduated: _____ _____

18: Technical Schools: Yes ___ No ___ List name, city, state, dates attended and class

_____

_____

Subjects studied: _____

19: College: Yes ___ No ___ List name, city, state, dates attended and degree

_____

_____

_____

20: Present Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Immediate Supervisor: _____

21: Previous Employer: _____

Address: _____

Phone Number: _____ Occupation: _____

Immediate Supervisor: _____

22: References: (List at least three people who are not related to you who have known you for three years or more)

Name	Address	Phone #

23: Permission to contract your present or past employer? Yes _____ No _____

24: Have you ever been dismissed or forced to resign from any position? Yes _____ No _____

25: Have you ever been arrested, summoned into court or indicted, convicted, fined, imprisoned, or placed on probation?
Yes _____ No _____

26: Have you ever been a member of a fire department? Yes _____ No _____

Name, address, and phone number of organization: _____

_____

Dates of service: _____ Reason for leaving: _____

Position held: _____

List or attach all related training you completed: _____

_____

_____

_____

27: In a brief paragraph state why you wish to join this department, what the department can gain from your membership and what you expect to gain from joining?

_____

_____

_____

_____

_____

_____

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my acceptance is dependent upon the successful completion of a physical agility test, a written aptitude test and a complete physical examination by the fire department doctor.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

Date interviewed: _____ Interviewed by: _____

Comments: _____

_____

_____

_____