



SUNSET HARBOR ZION HILL VOL. FIRE DEPT. APPLICATION

Please Print					
Name in Full:FI	RST	MIDI	DLE		LAST
Mailing Address: _					
<u> </u>	Street or Box		City	State	Zip
How Long:Y	Yr. Telephone	number:	Age:_	Birth Date	.
Previous Address:					
	Street or Box		City	State	Zip
How Long:	Yr So	ocial Security #		Sex: M []	F[]
Email Address					
Driver's License Nu	umber, Class aı	nd State			
Marital Status: Sir	ngle [] Marr	ried [] Divorced	[] Separat	ed []	
Emergency Contac					
	FIRST	MIDD	OLE		LAST
Present Address:					
	Street or Box		City	State	Zip
Relationship with e	mergency cont	act:			
Emergency Contac	t Phone:				
Emergency Contac	t Address:				
Emergency Contac	t Email:				
Any Previous Fire	Fighting Experi	ience: Yes []	No [] Ho	w Long	Yrs.
If Yes:					
Fire D	epartment Nan	ne	R	ank	
Present Address of	Last Departme	ent:			
		Address		City	State
Reference Last Dep	oartment:				
		Name of Referen	ce	Telephon	e
Two Non-Relative	1				
Personal Reference	es:	Name		Telephone	
	2				
		Name		Telephor	ie
Military Experienc	e· Ves []	No.[] Type of I	Discharge:		
		. I Type of I	5**		
Do You Have a Cri	minal Record:	Yes [] No []	Charge:		





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Can You Answer Day Time Ca	dls: Yes [] No [] Some	times []	
Present Employer:			
Length of Employment:	Yr. or Month Teleph	none #	
Physical Condition: Good [] Fair [] Poor []		
Comments:			
Applying For: () Volunteer (Briefly explain why yo membership::	u want to be considered for	Full Time Employment	
	GIVES THE SUNSET HAR DEPARTMENT PERMISSION	BOR AND ZION HILL ON TO CHECK REFERENCES	
Applicant's Signature:	pplicant's Signature: Date:		
APPLICANT DO NOT WRIT	E BELOW THIS LINE, FIR	E DEPT. USE ONLY	
Interviews:	Date	Favorable	
1		Yes [] No []	
2		Yes [] No []	
3		Yes [] No []	
Comments:			

Applicant Provides At His / Her Expense: 1- Copy of most recent physical examination 2-Criminal Background Check 3 – Driving Record

Department Provides At Our Expense: 1- Drug Screen 2- Basic physical exam if no physical taken in past year