



# El Dorado Fire Department Volunteer Firefighter Application



\_\_\_\_\_  
Name: Last First Middle

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Email

\_\_\_\_\_  
Date of Birth Place of Birth

\_\_\_\_\_  
Drivers License Number State of Issue

**Circle the appropriate response:**

Have you ever failed to pass an insurance physical? Yes / No

Have you ever filed for Workmen’s Compensation? Yes / No

Have you ever been convicted of a felony? Yes / No

If born after 1959, have you registered with the Selective Service? Yes / No

List below all auto accidents/traffic violations received in the last 36 months.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying to be a volunteer member of the El Dorado Fire Department?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your background/experience in the fire, or related, service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your education/training as it relates to the fire service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the qualities you feel you possess that are necessary to be a successful firefighter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Record (Start with the most recent employer.)**

1. Employer Name			From / To
Address	City	State	Zip Code
Phone	Supervisor		
Reason for Leaving			

2. Employer Name			From / To
Address	City	State	Zip Code
Phone	Supervisor		
Reason for Leaving			

3. Employer Name			From / To
Address	City	State	Zip Code
Phone	Supervisor		
Reason for Leaving			

**Personal references: (List two persons you have known for the last 5 years - that you are not related to):**

1. Name		Phone
Address		Occupation
2. Name		Phone
Address		Occupation

**Person to Contact In Case of An Emergency:**

Name	Phone Number(s)	Relationship
Address	City	State
		Zip Code

# AGREEMENT

I, \_\_\_\_\_, certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the El Dorado Fire Department to investigate all statements contained in this application as may be necessary in arriving at an acceptance decision.

In the event of acceptance, I understand that false or misleading information given in the application process may result in discharge. I also understand that I am required to abide by all rules, regulations and Standard Operating Guidelines of the El Dorado Fire Department, including the Non-Tobacco Use Policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## NO TOBACCO USE POLICY

All members of the El Dorado Fire Department are prohibited from using tobacco, in any form, either on-duty or off-duty.

This requirement shall remain in effect during the tenure of employment for all employees hired on or after January 1, 2005. (This includes volunteers.)

An employee who violates this policy shall be subject to termination.

I, \_\_\_\_\_, have read and understand the preceding 'No Tobacco Use Policy' of the El Dorado Fire Department and agree to its terms.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- - - - - FOR OFFICIAL USE ONLY - - - - -

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date of Background Check: \_\_\_\_\_ Completed By: \_\_\_\_\_

Interview Scheduled For: \_\_\_\_\_

Interview Conducted On: \_\_\_\_\_

Board Recommendation: \_\_\_\_\_

Date Physical Taken: \_\_\_\_\_ Date Strength & Agility Test Taken: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Application not accepted. Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_