

APPLICATION FOR MOUNTAIN COMMUNITIES VOLUNTEER FIRE DEPARTMENT

APPLICANT INFORMATION		PHONE: ()	DOB: - -	
NAME:			SEX M / F	AGE:
ADDRESS:				
CITY:			STATE:	ZIP:
SSN:	DL #		STATE:	TYPE:
SIZES SHIRT:	PANTS:	BOOTS:	EMAIL:	
HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	
MARITAL STATUS:	SPOUSE NAME:		# CHILDREN	

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR DISABILITIES WHATSOEVER? **Y / N** IF YES, EXPLAIN:

LIST ANY CURRENT OR PAST CERTIFICATIONS (W/ EXP DATES) YOU CURRENTLY HAVE (CPR, EMS, FF, ETC):

LIST ANY SPECIAL SKILLS AND/OR TRAINING YOU HAVE:

HAVE YOU BEEN CHARGED, ARRESTED OR CONVICTED OF ANY DOMESTIC VIOLENCE, SEXUAL OFFENSE, OR CRIME OF VIOLENCE, WHETHER FELONY OR MISDEMEANOR? **Y / N** IF YES, EXPLAIN:

HAVE YOU BEEN ARRESTED OR CONVICTED ON A MOVING VIOLATION, DUI, CARELESS DRIVING, ETC? **Y / N** IF YES, EXPLAIN:

WHY DO YOU WANT TO BE A MEMBER OF MOUNTAIN COMMUNITIES VOLUNTEER FIRE DEPARTMENT?

BY SIGNING THIS APPLICATION, YOU ARE HEREBY CLAIMING THAT THE ABOVE IS CORRECT AND ACCURATE, AND IF ANY CHANGES OCCUR WHILE SERVING ON THIS DEPARTMENT, YOU WILL PROMPTLY NOTIFY THE DEPARTMENT OF ANY CHANGE, AND HEREBY GRANT PERMISSION FOR MCVFD TO CONDUCT A STANDARD BACKGROUND CHECK.

APPLICANT SIGNATURE:	DATE: - -
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MCVFD USE ONLY	INTERVIEWING OFFICER:	RANK	#
DATE RECEIVED: - -	TRAINING DATES: 1) - - 2) - - 3) - - 4) - -		
DATE APPROVED: - -	DATE ON ROSTER: - -	RADIO:	PAGER: #
OFFICER SIGNATURE:			