



**ATLANTA VOLUNTEER
FIRE DEPARTMENT**
100 West Kaufman Street
Atlanta, IN 46031

APPLICATION

Full Name: _____ Date of Birth _____

Are you at least 18 years old? Yes No High School Diploma? Yes No

Drivers License # _____ State: _____ Last 4 of SSN: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____

Work: _____ Email: _____

Military Experience: Branch: _____ Rank: _____

Fire and EMS Experience: Department: _____ State: _____

Current Certifications: Basic FF/Mandatory FF I/II EMT-B Paramedic

PSID # _____

List all other relevant training:

Do you have any medical conditions that would prevent you from doing the physically demanding work of a Fire Fighter/EMT? Yes No

Have you had a physical exam in the last 2 years? Yes No

List any allergies: _____

Date of last tetanus shot: _____

Employment; *Begin with your most recent/current job.*

From	To	Name of Employer	Supervisor	Phone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have reliable transportation? _____ Yes _____ No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities? _____ Yes _____ No

Has your license been revoked or suspended in the past 5 years? _____ Yes _____ No

Do you have any felony convictions? _____ Yes _____ No

Do you have any misdemeanor convictions? _____ Yes _____ No

Are you willing to submit a drug test? _____ Yes _____ No

In Case of Emergency Notify:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Additional Comments:

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: _____

Date: _____

Department Use Only	Notes _____
Interview Date ____/____/____	_____
Accepted ____ Denied ____	_____