

HALL MOUNTAIN VOLUNTEER FIRE ASSOCIATION, INC.

Application for Volunteer Firefighter

			MALE / FEMALE
LAST NAME	FIRST	MIDDLE	(Circle one)
HOME PHONE	E-MAIL ADDRESS	SOC. SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	MARITAL STATUS	SPOUSES NAME	
EMERGENCY CONTACT		PHONE NO.	
ARE YOU OVER 18 YEARS AND UNDER 65 YEARS? YES ___ NO ___			
HOW LONG AT PRESENT ADDRESS? ___ YEARS ___ MONTHS			
PREVIOUS ADDRESS: _____			
HOW LONG AT PREVIOUS ADDRESS? ___ YEARS ___ MONTHS			

Employer Information

EMPLOYER'S NAME	PHONE
ADDRESS	CONTACT
CAN YOU LEAVE WORK TO RESPOND TO A FIRE?	YES ___ NO ___
ARE YOU ON SHIFT WORK?	YES ___ NO ___

Personal Information

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA ___ G.E.D. ___

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE SERVICE EXPERIENCE: _____

EMERGENCY MEDICAL EXPERIENCE: _____

CERTIFIED EMT: YES ___ NO ___ LEVEL ___ CERTIFICATE #: _____

CERTIFIED 1ST RESPONDER: YES ___ NO ___ CERTIFICATE #: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____

DO YOU HAVE A VALID IDAHO DRIVERS LICENSE? YES ___ NO ___ LICENSE #: _____

DO YOU HAVE ANY RESTRICTIONS ON YOUR DRIVERS LICENSE? YES ___ NO ___ IF YES, PLEASE EXPLAIN _____

DO YOU HAVE A CHAUFFEURS LICENSE? YES ___ NO ___

DO YOU HAVE ANY OTHER ENDORSEMENTS ON YOUR DRIVERS LICENSE? YES ___ NO ___ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED FOR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES _____ NO _____

IF YES, PLEASE EXPLAIN:

WHY DO YOU WANT TO BECOME A FIREFIGHTER? _____

CAN YOU CROSS THE CANADIAN BORDER? YES _____ NO _____ IF NO PLEASE EXPLAIN _____

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

MEDICAL HISTORY

1. EYESIGHT:

- A. HAVE YOU LOST THE USE OF EITHER EYE? RIGHT _____ LEFT _____ YES _____ NO _____
- B. IS YOUR PERIPHERAL (SIDE) VISION RESTRICTED? YES _____ NO _____
- C. ARE YOU COLOR BLIND? YES _____ NO _____
- D. DO YOU HAVE, OR EVER HAD CATARACTS? YES _____ NO _____
- E. ARE EYESIGHT DEFICIENCIES CORRECTED BY GLASSES? YES _____ NO _____
- F. DATE OF LAST EYE EXAM _____

2. HEARING:

- A. DO YOU HAVE DIFFICULTY HEARING NORMAL COVERSATION LEVELS? YES _____ NO _____
- B. ARE YOU DEAF IN EITHER EAR? RIGHT _____ LEFT _____ YES _____ NO _____
- C. DO YOU USE A HEARING AID? YES _____ NO _____
- D. DATE OF LAST HEARING EXAM _____

3. HEART:

- A. DO YOU HAVE OR EVER BEEN TREATED FOR HIGH BLOOD PRESSURE? YES _____ NO _____
- B. HAVE YOU EVER BEEN TREATED FOR ANY TYPE OF HEART PROBLEM? YES _____ NO _____

IF YES, DESCRIBE CONDITION: _____

IF YES, DESCRIBE LIMITATIONS, IF ANY: _____

4. RESPIRATORY:

A. DO YOU HAVE OR EVER BEEN DIAGNOSED WITH A RESPIRATORY PROBLEM? YES____ NO____

IF YES, DESCRIBE ANY LIMITATIONS:_____

5. SEIZURES:

A. HAVE YOU EVER HAD OR BEEN TREATED FOR FAINTING SPELLS? YES____ NO____

B. HAVE YOU EVER HAD OR BEEN TREATED FOR SEIZURES? YES____ NO____

IF YES, GIVE SEVERITY AND DATE OF LAST SEIZURE_____

IF YES, DESCRIBE TYPE OF SEIZURE_____

6. MISCELLANEOUS:

A. DO YOU HAVE OR EVER BEEN TREATED FOR DIABETES? YES____ NO____

IF YES, WHAT TYPE OF DIABETES?_____

B. HAVE YOU EVER BEEN TREATED FOR ALCOHOL OR DRUG ABUSE? YES____ NO____

C. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS? YES____ NO____

PHYSICIANS NAME_____ PHONE_____

DATE OF LAST PHYSICAL EXAM_____ DOT CARD?_____

I AGREE TO COMMIT TO THE TIME REQUIRED TO ATTEND MEETINGS, DRILLS AND INCIDENTS. I AGREE TO ADHERE TO THE STANDARD OPERATING GUIDELINES AND RULES OF HALL MOUNTAIN VOLUNTEER FIRE ASSOCIATION. I HEREBY GRANT PERMISSION TO HALL MOUNTAIN VOLUNTEER FIRE ASSOCIATION TO CHECK MY DRIVING RECORD AND AGREE TO SUBMIT TO A DRUG TEST IF DEEMED NECESSARY.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE HALL MOUNTAIN VOLUNTEER FIRE ASSOCIATION TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

APPLICANT'S SIGNATURE

DATE

CHIEF'S SIGNATURE

DATE

TRAINING OFFICER'S SIGNATURE

DATE

DRIVING INSTRUCTOR'S SIGNATURE

DATE