White Sulphur Springs VFD
Meagher County Fire

Application

Application Date: Date Approved/Denied:

Applicant Information

Full Name: _____ DOB: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

State

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Position Applied for: _____

Time of Residency in City? _____ County? _____

Do you have a valid Driver's License? YES ☐ NO ☐ CDL? _____

Have you ever been convicted of a crime(misdemeanor or felony)? YES ☐ NO ☐

If yes, explain: _____

_____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

List any other professional licenses or certifications: _____

_____

References

Please list three personal references. No immediate family members

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Previous Fire Experience

Department Name: _____ Supervisor: _____

Dates From: _____ To: _____ Phone: _____

Reason for Leaving: _____

Department Name: _____ Supervisor: _____

Dates From: _____ To: _____ Phone: _____

Reason for Leaving: _____

Department Name: _____ Supervisor: _____

Dates From: _____ To: _____ Phone: _____

Reason for Leaving: _____

Other

Can you lift at least 50lbs without issue? YES ☐ NO ☐

Do you have any medical problems/concerns that may prohibit you from successfully doing your duty at emergency scenes? YES ☐ NO ☐

If yes, explain: _____

_____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____