

# SALEM VOLUNTEER FIRE DEPARTMENT

(Must be 16 years old to apply)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_

Drivers License Class \_\_\_\_\_

Phone: \_\_\_\_\_

Drivers License No. \_\_\_\_\_

## Previous volunteer experience (Fire Service or EMS)

\_\_\_\_\_

Please Check

### Qualification held:

### Education Level (circle highest completed)

Firefighter I \_\_\_\_\_ dates

9 – 10 – 11 – 12 High School

Firefighter II \_\_\_\_\_ dates

13 – 14 – 15 – 16 College

Veh. Ext. I \_\_\_\_\_ dates

17 – 18 – 19 – 20 Graduate

Veh. Ext. II \_\_\_\_\_ dates

\_\_\_\_\_ Other

Haz. Mat. \_\_\_\_\_ dates

\_\_\_\_\_ 1<sup>st</sup> responder

\_\_\_\_\_ EMT

\_\_\_\_\_ EMSA (Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_)

\_\_\_\_\_ CPR Exp. Date \_\_\_\_\_

Other certifications which you would like considered.

\_\_\_\_\_

Please List

## 3 References, addresses, phone numbers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or charged with a felony?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you willing to submit to a drug test paid for by the Salem VFD?

Yes \_\_\_\_\_

No \_\_\_\_\_

Is a Hepatitis B Vaccination on file?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you allergic to any medication?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are you presently on any medication?

Yes \_\_\_\_\_

No \_\_\_\_\_

I understand that after being voted into the SVFD I must abide by all bylaws.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Approved: \_\_\_\_\_

Probation Period

Denied: \_\_\_\_\_

Beginning \_\_\_\_\_

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

Ending \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Application Committee

Copies of Certifications:

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