

SALEM VOLUNTEER FIRE DEPARTMENT

(Must be 18 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

_____ 1st 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 and 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:

_____	_____	_____
_____	_____	_____
_____	_____	_____