

CEDAR FORT VOLUNTEER FIRE DEPARTMENT **APPLICATION**

The following are required

DATE OF APPLICATION:

NAME:

HOME ADDRESS:

MAILING ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

LAST 4 OF SSN:

DRIVERS LICENSE ST: #:

EXP Date:

CHECK THE FOLLOWING FIRE CERTIFICATIONS IF IT APPLIES:

Firefighter 1	<input type="checkbox"/>	Hazmat Awareness	<input type="checkbox"/>	Fire Instructor 1	<input type="checkbox"/>
Firefighter 2	<input type="checkbox"/>	Hazmat Operations	<input type="checkbox"/>	Fire Instructor 2	<input type="checkbox"/>
ADO-P	<input type="checkbox"/>	Hazmat Technician	<input type="checkbox"/>	Fire Instructor 3	<input type="checkbox"/>
ADO-A	<input type="checkbox"/>	Arson Investigator	<input type="checkbox"/>	Wildland Fire 1	<input type="checkbox"/>
Fire Officer 1	<input type="checkbox"/>	Fire Officer 2	<input type="checkbox"/>	Fire Officer 3	<input type="checkbox"/>
Investigator 1	<input type="checkbox"/>	Investigator 2	<input type="checkbox"/>	Wildland Fire 2	<input type="checkbox"/>
BEVO	<input type="checkbox"/>				

Please list below the Fire certifications expiration date that you have checked above:

CHECK THE FOLLOWING EMS CERTIFICATIONS IF IT APPLIES:

UT EMT Basic	<input type="checkbox"/>	UT EMT Intermediate	<input type="checkbox"/>	UT EMT Paramedic	<input type="checkbox"/>
National Basic	<input type="checkbox"/>	National Intermediate	<input type="checkbox"/>	National Paramedic	<input type="checkbox"/>
PEPP	<input type="checkbox"/>	PALS	<input type="checkbox"/>	CPR	<input type="checkbox"/>
ACLS	<input type="checkbox"/>	Emergency Responder	<input type="checkbox"/>		

Please list below the EMS certifications and cert number, and expiration date that you have checked above:

PLEASE CHECK ALL NIMS THAT APPLY:

100	<input type="checkbox"/>	200	<input type="checkbox"/>	300	<input type="checkbox"/>	400	<input type="checkbox"/>	700	<input type="checkbox"/>	800	<input type="checkbox"/>	701	<input type="checkbox"/>
702	<input type="checkbox"/>	703	<input type="checkbox"/>	704	<input type="checkbox"/>	705	<input type="checkbox"/>	706	<input type="checkbox"/>	707	<input type="checkbox"/>	708	<input type="checkbox"/>

Have you been convicted of any crime including traffic violations? YES NO

If you have selected yes above, please explain what the offense was and the date that the offense had occurred.

What fire or EMS service experience do you have? Please list dates and Department names.

Please explain your availability for running with Cedar Fort Fire Department.

What are your long term goals with the fire & rescue industry?

Please Sign and Date upon completion of the Cedar Fort Fire Department application

Signature: _____ Date:_____

Print : _____