



Please print clearly and legibly

Date of Application: \_\_\_\_\_

**PERSONAL INFORMATION**

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

Social Security # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ how long at above address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ if married, spouses name \_\_\_\_\_

Have you ever been convicted of, pleaded guilty or "no contest" to a crime? Yes or No If so, please explain: \_\_\_\_\_

**EMERGENCY CONTACT**

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will your present employer allow you to respond to daytime calls? Yes \_\_\_\_ No \_\_\_\_

**EDUCATION**

Name of last school attended: \_\_\_\_\_

Highest grade, level, or degree achieved: \_\_\_\_\_

**MEDICAL**

Your family doctor: \_\_\_\_\_

Doctor's address & Phone #: \_\_\_\_\_

Have you had a Hepatitis B vaccination within 10 years? \_\_\_\_\_ Date: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Have you ever been refused employment for health  
reason? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been disqualified for duty in the

armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ The essential job functions of a firefighter in the

Canebrake Fire District include, but are not limited to the following: climbing, lifting  
heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment,  
carrying and operating heavy rescue tools, working for prolonged periods in potentially  
hazardous and enclosed environments, working in darkness or environments of  
temperature extremes, elevated levels of stress, and at elevated heights.

Are you able to successfully complete these essential functions with or without  
reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

Please Initial \_\_\_\_\_ If reasonable accommodations are required, please provide  
full details:

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

**PRIOR EXPERIENCE**

Have you ever been or are you currently a member of another fire company, ambulance, or rescue squad: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please complete the following:

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

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

Position(s) Held: \_\_\_\_\_

Contact Name & Phone #: \_\_\_\_\_

List below the fire, rescue, emergency, hazardous materials classes, courses, and seminars completed. Please use additional sheets if necessary. Please also attach copies of all certificates received for classes completed.

**AUTHORITY TO RELEASE INFORMATION**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the Canebrake Fire Department bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standard Operating Procedures of the Canebrake Fire District. All Information obtained will be held in strictest confidence.

Applicant's Signature: \_\_\_\_\_

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