

# West Peoria Fire Department

406 N. WAVERLY AVE.

WEST PEORIA, IL. 61604

Personal Information	Date _____		Current Year in School _____	
	Last Name _____		First Name _____	MI _____
	Street _____		City _____	State _____ Zip Code _____
	Phone _____	Cell Phone _____	Non-Published _____	
	Date of Birth _____	SSN _____	Male _____	Female _____
	Spouses Name _____		Cell Phone _____	Non-Published _____
	Primary Beneficiary _____		Relationship _____	Hospital Choice _____
Emergency Contact Info	Name _____		Relationship _____	
	Address _____		City _____	State _____ Zip Code _____
	Phone _____	Cell Phone _____	Non-Published _____	
Licenses	EMT License _____		Cert # _____	Expiration Date _____
	National Registry Number _____		State _____	Initial Certification Date _____
	Other Certificates or Licenses _____		Cert # _____	Expiration Date _____

OFFICE USE ONLY BELOW THIS LINE

- ☐ Photo Copy Drivers License
- ☐ Back Ground Check
- ☐ Application Returned
- ☐ Station Tour
- ☐ Board of Review
- ☐ Trustee Approval

\_\_\_\_\_

Date

Deputy \_\_\_\_\_

WPFD ID # \_\_\_\_\_

Hire Date \_\_\_\_\_

\_\_\_\_\_

Date