

Sugar City Volunteer Fire Department
Sugar City, CO 81076

Application for Volunteer Fire Personnel

PERSONAL INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

How long at this address _____ Previous address if less than 3 year _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Drivers License Number _____ Date of expiration _____

Employment History

Present Employer _____

Address _____ City _____ State _____

Telephone Number _____ - _____ - _____

Supervisor Name/Title _____

Previous Employment _____

Address _____ City _____ State _____

Telephone Number _____ - _____ - _____

Supervisor Name/Title _____

Previous Employment _____

Address _____ City _____ State _____

Telephone Number _____ - _____ - _____

Supervisor Name/Title _____

Previous Fire/Emergency Experience

Department Name _____

Address _____ City _____ State _____

Supervisor/Title _____ Telephone Number _____

Position _____

Department Name _____

Address _____ City _____ State _____

Supervisor/Title _____ Telephone Number _____

Position _____

Training

Please list any training that may be beneficial to being a volunteer fireman/emergency responder.

References

Name _____ Relationship _____

Address _____ City _____ State _____

Telephone _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____

Telephone _____ Work Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____

Telephone _____ Work Phone _____

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any volunteering for the Sugar City Volunteer Fire Department. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references and former supervisors regarding this application. I further authorize SCVFD to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee

Date _____ Applicant Signature _____

For Department Use Only

Reviewed By _____ Title _____ Date _____

CBI Check Completed _____ Date _____ Attached to back of application

DMV Check Completed _____ Date _____ Attached to back of application

Proposed Action _____
Date _____

Chief Signature _____ Date _____