## **Town of Burns Harbor** Fire Department 308 Navajo Trail

**Burns Harbor, IN 46304** 

Phone: 219-787-8591 Fax: 219-787-8199



## Burns Harbor Fire Department

Application for: [ ] Volunteer Firefighter [ ]Paramedic [ ]EMT

Last Name:	First Name:		Middle:	
Street Address:				
City/Town:	State:	Zip Code:	How Long: Yr Mo	
Social Security #:	Date of Birth:	Height:	Weight:	
Indiana Drivers License #:	Тур	e:	Expiration:	
Telephone Numbers: Home #:	Oth	er#:		
Emergency Contact Person's Name & Nu	ımber:			
Present Employer:				
Job Title:	Supervisor's Name:			
How Long: Yrs Mo May	we contact your employ	rer for reference: [] Yes	[ ]No Employer's Phone#	
Any identifying scares or marks:				
Do you now have or have you ever had an	ny physical disorders tha	t may limit your physical a	bilities to perform assigned duties:	
			<del></del>	
Do you now have or you ever had any bac	ck problems:			
Do you wear glasses or contact lens:				
Have you ever been convicted of any crin	mes or felonies including	g traffic tickets:		
If was list when and dates:				

Job experiences include any state or other certification numbers:	
Firefighting:	
Medical:	
Other:	
If considered for this position, will you be able to perform the physical ab duties and job functions performed by firefighters. This will also include membership of the Burns Harbor Fire Department. []Yes []No  READ CAREFULLY BEFORE SIGNING!!!!	
I CERTIFY THAT THE INFORMATION GIVING IN THIS APPLICAT KNOWLEDGE. I AUTHORIZE THE FIRE CHIEF OF THE TOWN OF AVENUES DEEMED APPROPRIATE FOR VERIFYING THE INFORINCLUDE AND NOT BE LIMITED TO A FULL CRMINAL BACKGR	BURNS HARBOR TO PURSUE WHATEVER MATION ON THIS APPLICATION. THIS WILL
Sig	n your name:
Pri	nt your name:
То	lay's Date:
Σ	ate of Hire: