

# HOPKINS HILL FIRE DISTRICT

## Application for Employment

### CALL FIREFIGHTER

NAME (FIRST- MIDDLE- LAST) \_\_\_\_\_

DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (H) \_\_\_\_\_ (W) \_\_\_\_\_

(CELL) \_\_\_\_\_ PAGER \_\_\_\_\_

E-MAIL \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ CDL \_\_\_\_\_

("ATTACH COPY OF DRIVERS LICENSE AND/OR CDL")

EMPLOYER \_\_\_\_\_

SCHOOL (IF FULL-TIME STUDENT) \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? (Y/N) \_\_\_\_\_ SCHOOL \_\_\_\_\_

HAVE YOU ATTENDED COLLEGE? (Y/N) \_\_\_\_\_

DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (Y/N) \_\_\_\_\_

WHO REFERRED YOU TO THIS DEPARTMENT \_\_\_\_\_

RI EMT LICENSE # \_\_\_\_\_ LEVEL \_\_\_\_\_ CPR CERTIFICATION \_\_\_\_\_

("ATTACH COPY OF EMT LICENSE AND CPR CARD")

#### ADDITIONAL CERTIFICATIONS

FIREFIGHTER I \_\_\_\_\_

FIREFIGHTER II \_\_\_\_\_

HAZMAT LEVEL: AWARENESS \_\_\_\_\_ OPERATIONS \_\_\_\_\_ TECHNICIAN \_\_\_\_\_

OTHER \_\_\_\_\_

("ATTACH COPIES OF CERTIFICATES")

I, THE UNDERSIGNED, IN CONSIDERATION OF APPOINTMENT AS A CALL FIREFIGHTER, AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE HOPKINS HILL FIRE DEPARTMENT. I UNDERSTAND THAT MY APPOINTMENT AS A CALL FIREFIGHTER IS SUBJECT TO THE APPROVAL OF THE FIRE CHIEF OF THE DEPARTMENT. UPON WITHDRAWING OR BEING EXPELLED FROM SAID DISTRICT, I WILL RETURN ALL DISTRICT PROPERTY TO THE CHIEF OF THE DEPARTMENT.

APPLICANTS  
SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS OR GUARDIAN SIGNATURE (IF A MINOR)

#### FOR OFFICIAL USE ONLY

APPLICATION REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ID ASSIGNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_