

CITY OF SUN VALLEY
Sun Valley Fire Department
Paid On-Call Firefighter Application

Name: _____ Date: _____

Address: _____

Cell No. _____ Home: _____ Email: _____

Number of years at above address: _____ Driving Miles to Elkhorn Station: _____ Estimated travel time to Elkhorn Station: _____

Date of Birth: _____ Social Sec. #: _____

Driver's License: # _____ State: _____ Expiration Date: _____

PRESENT EMPLOYMENT

Name of company/business: _____ Type of Business: _____

Address: _____

Phone Number: _____ Employment Start Date: _____

MILITARY EXPERIENCE, if any

_____ Check, if you have Military Experience Branch: _____ From: _____

Discharge Type: _____ To: _____

EDUCATION

Level _____ Last School or College Attended: _____

City, State: _____

FIRE SERVICE EXPERIENCE, if any

Department: _____ Dates in position: _____

Supervisor: _____ Position Held: _____

EMS TRAINING, if any

_____ First Responder _____ EMT _____ Paramedic

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting?
 _____ Yes _____ No

Have you had a complete physical exam within the last two (2) year? Yes _____ No _____

After reviewing the attached paid on-call firefighter job description, do you know of any reason why you could not perform this work? Yes _____ No _____

Do you have a vehicle that you can drive to training sessions and emergencies? Yes _____ No _____

Do you carry liability insurance on all vehicle that you may drive while participating in fire department activities?	Yes	_____	No	_____
Has your driver's license been suspended or revoked within the past five (5) years?	Yes	_____	No	_____
Do you have health insurance?	Yes	_____	No	_____
Do you have any felony convictions or DUI violations?	Yes	_____	No	_____
Does the City of Sun Valley have your permission to run a background check?	Yes	_____	No	_____
Are you willing to submit to a drug test?	Yes	_____	No	_____
Do you have any relatives who work for the City of Sun Valley or are paid on-call firefighters? If yes, who:	Yes	_____	No	_____

REFERENCES (Not relatives)

Reference #1 Name: _____
 Address: _____
 Phone: _____

Reference #2 Name: _____
 Address: _____
 Phone: _____

Reference #3 Name: _____
 Address: _____
 Phone: _____

(Initials) _____

_____ I certify the information on this application is true and complete to the best of my knowledge.

_____ I authorize any and all of my former employers, schools, law enforcement agencies and any other person to furnish the City of Sun Valley any information they may have concerning my character, ability, business activities or reputation.

Signed: _____

Date: _____