



# Godfrey Fire Protection District

## Paid On Call Firefighter Application

**Personal Information:**

_____			
Last	First	Middle	
_____			
Address	City	State	Zip
____/____/____			
Birthdate	Phone(home)	Phone(cell)	
_____		_____	
Social Security #	Drivers License #		
_____		_____	
Current Employer	Job Title	Start Date	
_____			
Hours you will be most available (nights, weekends, days, etc.)			
_____			
Spouses Name		Number of children at home	

**Previous Fire Service Experience:**

\_\_\_\_\_

**Education, Training, and Certifications:**

\_\_\_\_\_

High School

\_\_\_\_\_

College

\_\_\_\_\_

Relevant Training and Certifications

\_\_\_\_\_

**Health Information:**

Is there any reason your present health condition would restrict your activities as a firefighter/emergency service provider? (if yes explain above)

**Authorization For Release of Information:**

I, \_\_\_\_\_, hereby give authorization to the GODFREY FIRE PROTECTION DISTRICT to obtain information from my employers, past or present, and to obtain information from any police agency concerning any arrest and/or driving violations against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above signature certifies that the above information is true and accurate.

Comments

How did you hear about Godfrey Fire Protection District?

**OFFICE USE:**    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_  
Application Date                      Probation Date                      Active Date