

DIVERNON FIRE DEPARTMENT
APPLICATION

NAME _____

ADDRESS _____

TELEPHONE # _____

DATE OF BIRTH _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS ? _____
IF YES, PLEASE EXPLAIN _____

ARE YOU CURRENTLY WORKING ? _____ **WHERE ?** _____

ARE YOU CURRENTLY A CERTIFIED FIREFIGHTER II ? _____

ARE YOU CURRENTLY A CERTIFIED E. M. T. ? _____ **LEVEL** _____

HIGH SCHOOL DIPLOMA ? _____ **YEAR** _____ **WHERE FROM ?** _____

G.E.D. ? _____ **YEAR** _____ **WHERE FROM ?** _____

WHY DO YOU WANT TO BECOME A MEMBER OF THIS DEPARTMENT? _____
