

Akron - Princeville Fire Dept.



Online Firefighter Application

-PRINT THIS APPLICATION TO FILL IT OUT
-PLEASE WRITE CLEARLY WITH A PEN OR PENCIL

WHEN FINISHED WITH APPLICATION, PLEASE MAIL TO:

Akron Princeville Fire Department
P.O. Box 504
Princeville, IL 61559

OR JUST DROP IT BY WHENEVER SOMEONE IS AT THE FIREHOUSE

YOUR APPLICATION WILL THEN BE REVIEWED BY THE BOARD MEMBERS, OFFICERS, & FIREFIGHTERS OF THE FIRE DEPT AND A VOTE WILL BE TAKEN.

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, YOU MAY CALL THE FIREHOUSE AT 385-4913

-General Information

Name: _____ SSN: ____ - ____ - ____
Address: _____
City/State/Zip: _____
Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
D.O.B: ____ / ____ / ____ Birthplace: _____
U.S. Citizen: Yes / No Drivers License Class: _____

-Emergency Contacts

Name: _____ Relation: _____
Address: _____
City/State/Zip: _____
Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

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Address: _____
City/State/Zip: _____
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-Employment

Employer: _____ Employed Since: _____
Address: _____
City/State/Zip: _____
Phone: (____) ____ - ____ Occupation: _____ Shift: _____
Person to contact in case of an emergency: _____

-Military Record

Branch: _____ Date of Entry: _____ Serial Number: _____
Date / Type of discharge: _____ Highest Rank: _____
Duties / Specialty: _____
Special Training: _____

-Education

Current grade / Highest grade completed: _____

College Degrees: _____

Apprenticeships: _____

Other skills: _____

Hobbies: _____

Fire Service Experience: _____

-Medical

Current Condition: Excellent / Good / Fair / Poor

Blood Type: _____ Height: _____ Weight: _____

Hair / Eye Color: _____ / _____

Allergies: _____

Phobias: _____

Have you ever had any defects or troubles with:

Sight: Y / N Black Outs: Y / N Kidneys: Y / N

Hearing: Y / N Head Injury: Y / N Lungs: Y / N

Bones: Y / N Diabetes: Y / N Asthma: Y / N

Back: Y / N Varicose: Y / N Hernia: Y / N

Blood Pressure: Y / N Other: _____

-Convictions

Have you ever been convicted of a felony: Y / N

If yes, what: _____

When / Where: _____

-References

Name: _____ Address: _____ Phone Number: _____

1. _____

2. _____

3. _____

State, in a few words, why you decided to join the Fire Department:

-Do you realize that as a member you will be required to give freely of your time to attend fires, meetings, drills, serve of committees, and participate in activities sponsored by the department? Yes / No

-Have you discussed this application with your family? Yes / No

-Do they approve of you being a member of the department? Yes / No

-Do you promise that upon termination of your status as a member to surrender any articles or properties of the department which may have come into your possession while serving as a member? Yes / No

All of the information furnished on this application is true and correct to the best of my knowledge, and I authorize investigations of all statements contained in this application. I would be willing to submit to a physical examination if requested by the fire department. I understand and agree that I may be subject to a random drug testing at any time while serving as a member.

Printed Name: _____ Date: ____/____/____

Signature: _____

Recommended by firefighter: _____