



CITY OF SUN VALLEY
Sun Valley Fire Department
Paid-per-call Firefighter Application

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Phone: Work: _____ Home: _____ Cell: _____ Pager: _____

No. of years at above address: _____ Driving Miles to Elkhorn Station: _____

Date of Birth: _____ Social Security #: _____

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

PRESENT EMPLOYMENT / LAST 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

High School Attended: _____ City, State: _____

Graduated: Yes / No _____ GED: Yes / No _____

College Attended: _____ City, State: _____

Graduated: Yes / No _____

FIRE SERVICE EXPERIENCE, if any

Department: _____ From: _____ To: _____

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 volunteer firefighter job description, do you know of any reason why you could not perform this work? Please explain:	_____	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 vehicles 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 volunteer firefighters? If yes, who _____	_____	Yes	_____	No

REFERENCES (Not relatives)

Reference #1	Name: _____	Phone: _____
	Address: _____	
Reference #2	Name: _____	Phone: _____
	Address: _____	
Reference #3	Name: _____	Phone: _____
	Address: _____	

(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: _____