



Town of Linn Fire & Rescue Application

Name: _____ (Last First MI Suffix)

Date of Birth: _____

DL# _____ State: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work: _____ Home: _____ Cell: _____

Education	High School	College	Vocational School	Higher Education
School Name				
City, State				
Year Graduated				
Degree/Area				

Military Experience	Branch	Highest Rank	Dates	Assignments
None <input type="checkbox"/>				

Fire/Rescue Exp.	Fire Department	City, State	Highest Rank	Assignments
None <input type="checkbox"/>				

Check the usual times when you would be available to respond to emergencies:

Available Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
midnight to 6:00 am							

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 years? Yes No

List any allergies: _____

Date of Last Tetanus Shot: _____

After showing you the job description of a volunteer firefighter, 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 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 years?
 Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

In Case of Emergency, Notify: _____

Relationship: _____

Phone: _____

References

Name	Address	Telephone Number

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 3 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability.

Signed: _____

Date: _____

Fire Department Use Only: _____ Reviewed DL _____ Copied EMS card _____ SOG Modules Listed _____ Hep B Filed