

Eureka Fire Protection District Jr. Firefighter Application

Date of application: _____

Name: _____
Last First Middle Social Security Number

Present Address: _____
Street City State Zip Phone Number

If less than 3 years at the above address, please list previous address:

Previous Address: _____
Street City State Zip

Drivers License Number: _____ **State:** _____ **Class:** _____ **Exp date:** _____

Are you between 14 - 18 years of age?	Are you a citizen of the U.S.?	Date of birth
YES / NO	YES / NO	

In case of emergency notify: _____ **Relationship:** _____

_____ Street City State Zip Phone Number

EDUCATION

Level	Name and Location of School	Dates Attended
Grammar School		
Middle School		
High School		

EMPLOYMENT RECORD

Name of present or last Employer: _____

Address: _____
Street City State Zip Phone Number

Starting date: _____ **Leaving date:** _____ **Reason for leaving:** _____
Month/year Month/year

Your Job Title: _____ **Name of Supervisor:** _____

Description of Work: _____

Name: _____

REFERENCES - Please list names of three persons not related to you, whom you have known at least 3 years.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Acquainted</u>

Briefly describe why you would like to be a reserve for the Eureka Fire Protection District.

AUTHORIZATION:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am successful in obtaining membership, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and other persons, agencies and departments, as follows, but not limited to: all law enforcement agencies for a record check, the Veterans Administration, all branches of the U.S. Armed Forces, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, my membership is for no definite period and may, be terminated at any time without prior notice.”

Signature of Applicant

Date of Application

I, parent or guardian of the above applicant, gives my permission to the above applicant, to apply for membership to become a member of the Eureka Fire Protection Districts Explorer Division.

Signature of Applicant’s Parent or Guardian

Date

District Use Only:

Approved By _____

Date _____

Approved By _____

Date _____