Kouts Fire Department



Volunteer Application

Name

Proudly Serving Kouts and Pleasant Township Since 1921

Items Included: Blank Application Driving Record Release Form Department By-Laws

KOUTS VOLUNTEER FIRE DEPARTMENT

Employment Application for the Position of Firefighter



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Are you over the age of 18?	YES		ΝΟ			
Have you ever worked for this company?	YES 🗆 N	IO 🗆	If so, when?			
Have you ever been convicted of a felony?	YES 🗆 🛛 N	IO 🗆	If yes, explain			

EDUCATION					
High School			Address		
From	То	Did you graduate?	YES	NO 🗆	Degree
College			Address		
From	То	Did you graduate?	YES	NO 🗆	Degree
Other			Address		
From	То	Did you graduate?	YES 🗆	NO 🗆	Degree

EMPLOYMENT				
Company		Phone ()		
Address			Supervisor	
Responsibilities				
ears Employed Typical Shift				
Company		Phone ()		
Address			Supervisor	
Responsibilities				
Years Employed	Typical Shift			

MILITARY SERVICE				
Branch		From -	Го	
Rank at Discharge		Type of Discharge		
If other than honorable, explain				

PREVIOUS FIREFIGHTING EXPERIENCE AND TRAINING				
Department Name		Phone ()		
Address			Supervisor	
Years of Service	Certifications Held:			

DRIVING RECORD				
Driver's License Number		State	Expiration Date	
Has your driver's license ever been suspended, revoked, or placed on court probation?		Yes	No	
If yes, explain				

REFERENCES				
Please list three personal references.				
Full Name	Phone ()			
Address				
Full Name	Phone ()			
Address				
Full Name	Phone ()			
Address				

The fire service places great physical demands and requires you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitations that would prevent you from performing these duties? __Yes No If yes, please explain .

DISCLAIMER AND SIGNATURE

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATIONS OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE KOUTS FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN. I UNDERSTAND AND AGREE MY MEMBERSHIP IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANYTIME FOLLOWING THE PROCEDURES SET IN THE BY-LAWS. FURTHERMORE, I UNDERSTAND THAT A SKILL AND APTITUDE TEST MAY BE REQUIRED.

Applicant Signature

Date