

# MULVANE EMERGENCY SERVICES

## Fire Department Application



*ISO Class 3*

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Driver's License Number: \_\_\_\_\_ (Attach Copy)

Home Address: \_\_\_\_\_

City, St, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

### Emergency Contact Information

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact (optional):

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relation to you:  
\_\_\_\_\_

Are you related to a member of Mulvane Fire/Rescue? **Yes No**

If so, who? \_\_\_\_\_

**MEDICAL INFORMATION**

Your Doctor's Name and Phone:

\_\_\_\_\_  
Are you on any Medications? NO YES (List below and what is being treated)

\_\_\_\_\_  
Are you allergic to anything? NO YES (List Below)

\_\_\_\_\_  
Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a Reserve Firefighter? **No Yes**, (If yes explain)

**BACKGROUND INFORMATION**

College : \_\_\_\_\_

High School Graduate / GED

What interests you about becoming involved with Mulvane Fire / Rescue?

\_\_\_\_\_  
Are you able to attend meetings and training on a regular basis (most are Thursday nights from 7:00 – 10 pm)? **Yes No** (If no, why?)

\_\_\_\_\_  
Have you ever been arrested, ticketed or fined? **No Yes** If so, list the date and charge:

**WORK INFORMATION**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your position/title/duties: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

**REFERENCES**

We would like at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service. Do not repeat names listed above.

Friend, Co-worker, Friend of family, etc:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact them: \_\_\_\_\_

Fire Department Bylaws & SOG's available online at:  
<http://www.mulvaneemergencyservices.org/MFR%20page.htm>  
<http://www.mulvaneemergencyservices.org/F.A.Q.'s.htm>

I do hereby promise to adhere to and abide by the rules and regulations set forth by Mulvane Fire Rescue and the City of Mulvane. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding for an incident. Upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

**X** \_\_\_\_\_  
Applicants Signature Date

Please list any special training or certifications on back (FF-1, EMT, Haz-Mat, etc.).