

Weed City Fire Department

128 Roseburg Parkway
Weed, CA 96094
(530) 938-5030
(530) 938-5040 Fax



Date: _____

Weed City Fire Department Volunteer Firefighter Application

Last Name _____ First Name _____ M _____

Physical Address: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cellular Phone: () _____

Email Address: _____

DOB: ____/____/____ M / F DL#: _____ SS# (Last 4 Digits): XXX – XX _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

Employment:

Current Employer/Business Name: _____

Address: _____

Position: _____

Phone # () _____ Date Employed From: _____

Supervisor Name: _____ Position: _____

Please have your Employer read and sign the following statement:

I will allow the above named applicant to be absent from work in order that he/she may serve his/her community by responding when called to fire/rescue incidents and meetings until dismissed by the Fire Chief or officer of the Department? (List any exceptions on back)

Employer Signature: _____ Date: _____

Please answer the following questions:

Write a brief description of why you want to work as a Volunteer Firefighter for the city of Weed.
Include your goals for involvement with this department.

Are you able to respond to calls during the Day? _____ Night? _____

[Please circle one Y/N (Yes/No)]

Do you have any physical and mental limitations that would prevent you from performing difficult and complex tasks under stressful circumstances? If yes, please explain: **Y/N**

Have you ever been convicted of a crime (Felony or Misdemeanor)? If yes please explain on lines below. **Y/N**

Were you ever discharged or terminated from employment because of misconduct or unsatisfactory service? If yes please explain on lines below. **Y/N**

Have you ever claimed disability or workmen’s compensation for any reason: If yes, please explain: **Y/N**

Do you have your own vehicle for transportation?

Y/N

License plate #: _____ Make: _____ Year: _____

Model: _____ Color: _____

Name and contact information of auto insurance company: _____

Name and contact information for medical insurance company: _____

Write a brief summary of your education, include highest level completed.

Did you graduate from high school?

Y/N

Name, graduation date, and school contact information: _____

Please list any certifications, licenses, or qualifications you possess that pertain to the fire service:

Employment History:

(List up to 4 employers in order of most recent, may include volunteer time)

Employer/Business Name: _____

Position: _____ Pay/rate: _____

Phone # () _____ Date Employed From: _____ To: _____

Supervisor Name: _____ Position: _____

Address: _____

Job description: _____

Employer/Business Name: _____

Phone # () _____ Date Employed From: _____ To: _____

Supervisor Name: _____

Address _____

Job description: _____

Employer/Business Name: _____

Phone # () _____ Date Employed From: _____ To: _____

Supervisor Name: _____

Address _____

Job description: _____

Employer/Business Name: _____

Phone # () _____ Date Employed From: _____ To: _____

Supervisor Name: _____

Address _____

Job description: _____

Please read carefully and sign the following:

The information and answers included in this document are true and correct. I understand that omitting or misrepresenting any information required for this application will result in immediate and permanent termination from the hiring process and will be kept on file. I also affirm that the information and answers were solely prepared by the applicant.

Applicant signature: _____ Date: _____

Office use only:

Executive Committee Interview Date: _____ Hire Date: _____

Comments: _____
