Application Town of Eclectic Fire Department

Please type or print legibly in black ink

Date:_____

Name:	Date of Birth:/
Address:	mm dd year
	Social Security Number:
Phone Number:	Alabama Drivers License #:
Other Numbers:	Alabama Drivers License #.
Emergency Contact:	Vehicle Tag #:
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed	Sex: ☐ Male ☐ Female
Which department you are applying for? ☐ Fire Department	Are you an EMT? □Yes □ No
□EMS Department	If yes, what Level and License Number?
Certified Fire Fighter? □Yes □ No	If yes, what bever and bleemse runnoer:
EVOC? \square Yes \square No	
List other pertinent training if applicable:	
Present Employer:	Work Phone:
May we contact your employer? □Yes □ No	
Do you have a relative in the Eclectic Fire Department?	s 🗆 No
If yes	s, who?
Days and/or times that you will be the most available to volunteer with the Eclectic Fire Department?	
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Date of last motor vehicle accident?	
Have you ever volunteered with the Eclectic Fire Department?	□Yes □ No
If yes, give reason(s) for leaving:	
Have you ever been convicted of a felony? ☐Yes	□No
If yes, explain:	
Applicants Signature:	Date: