

# Application for GSFD

Application for the Grand Saline Volunteer Fire Department

## Personal Information:

Name

\_\_\_\_\_  
Last First Middle

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address

\_\_\_\_\_  
Box/Route/911 address City State Zip

Marital Status

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Engaged \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages: \_\_\_\_\_

Spouse: \_\_\_\_\_

Name one person next of kin in case of emergency:

\_\_\_\_\_  
Name Address Phone number

## Employment:

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

How long employed: \_\_\_\_\_

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

Position: \_\_\_\_\_

Hours you work: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

**Health Status:**

Do you have, or ever had any of the following ailments:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate which:

High blood pressure \_\_\_\_\_ Heart trouble \_\_\_\_\_ Nervous disorders \_\_\_\_\_ Lung  
disease \_\_\_\_\_ Ulcers \_\_\_\_\_ Epilepsy \_\_\_\_\_ Back injury \_\_\_\_\_ Diabetes \_\_\_\_\_

Have you ever had any serious injury, operations or illness (explain):

Do you have any handicap in the following? Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Feet \_\_\_\_\_ Hands \_\_\_\_\_ Sight \_\_\_\_\_

Explanation: \_\_\_\_\_

Are you an unlawful user of, or addicted to marijuana or a depressant, stimulant or narcotic drug?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Motor Vehicle:**

What type of motor vehicle license do you have?

Operator \_\_\_\_\_ Commercial \_\_\_\_\_ Chauffeur \_\_\_\_\_

License Number: \_\_\_\_\_

Any restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you had any motor vehicle violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list type of violations: \_\_\_\_\_

What kind of vehicle do you own? \_\_\_\_\_

**Military Record:**

Have you served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what branch: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Need a copy of discharge papers

**Education:**

High School \_\_\_\_\_  
Name Address City State Zip

From date \_\_\_\_\_ To date \_\_\_\_\_

Did you receive: Diploma \_\_\_\_\_ GED \_\_\_\_\_

College \_\_\_\_\_  
Name Address City State Zip

Other \_\_\_\_\_  
Name Address City State Zip

Are you on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use alcohol abusively? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any immoral habits? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you abusively use profanity? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you pay all your debts? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

Why do you wish to join the G.S. Volunteer Fire Department? \_\_\_\_\_

Are you willing to work on the ambulance service? Yes \_\_\_\_\_ No \_\_\_\_\_

If not qualified are you willing to train? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been on any other Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If so where: \_\_\_\_\_

**Personal References (Not former firemen or relatives)**

\_\_\_\_\_  
Name Occupation Address Phone Number

\_\_\_\_\_  
Name Occupation Address Phone Number

Name Occupation Address Phone Number

I the undersigned, certify that the information provided is true and complete to the best of my knowledge, I understand that in submitting this application it becomes the property of the Grand Saline Volunteer Fire Department and will not be returned. I further understand that if I am considered for the position, I authorize to the Grand Saline Volunteer Fire Department to conduct a thorough background investigation, and I understand that I will be on a minimum probation for six months in the auxiliary GSVFD. Any violations of the by-laws, department policies, or misconduct in the department or community or willful false statements in this application will be sufficient grounds for termination.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Department Use**

Presented to members: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_