

# Wolfforth Fire & EMS

## - Fire Academy Application -

### **Personal Information**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ DL #: \_\_\_\_\_ Class: A B C SS#: \_\_\_\_\_  
 Marital Status:  Married  Single Spouse's Name: \_\_\_\_\_ # of Children: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Previous Address (if less than 3yrs.): \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### **Employment**

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Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_ Working Hours: \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_

### **Education/Certifications**

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(Attach copies of all certifications – Front & Back – to this application)

High School: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Last Grade Completed: 7 8 9 10 11 12 13+ High School Diploma/GED Received:  Yes  No  
 College: \_\_\_\_\_ City/State: \_\_\_\_\_ Degree: \_\_\_\_\_  
 College: \_\_\_\_\_ City/State: \_\_\_\_\_ Degree: \_\_\_\_\_  
 List all certifications or other education (SFFMA, Haz-Mat, EMT, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
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### **Criminal History/Driving Record**

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Have you ever been charged/convicted of DWI/DUI?  Yes  No  
 Have you ever been charged/convicted of a misdemeanor (Class A or Class B)?  Yes  No  
 Have you ever been charged/convicted of a felony?  Yes  No  
 If you answered "yes" to any of the previous questions, enclose details below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(For Academy Staff Only)  Application Received:  _____	Interview: _____  Intro Test Score: _____	<u>Acceptance:</u>  <b>Approved</b>  <b>Denied</b>
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## **Personal References**

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Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

## **Emergency Services History**

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Fire Service Experience: (Attach additional pages as necessary)

Dept. Name: \_\_\_\_\_ Chief/Director: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ No of Years: \_\_\_\_\_

EMS Service Experience: (Attach additional pages as necessary)

Dept. Name: \_\_\_\_\_ Chief/Director: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ No of Years: \_\_\_\_\_

## **Medical History**

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List all significant medical history, also include drug allergies:

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## **Career/Personal Goals**

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List your career/personal goals, attach additional pages as necessary:

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## **Reason for Applying**

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List your reason for applying, attach additional pages as necessary:

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## **Additional Comments**

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List any other information you would like considered, attach additional pages as necessary:

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## **Emergency Contact Information**

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

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

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

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

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## **Information Accuracy Statement**

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I hereby affirm that the above information is true and accurate to the best of my knowledge. I understand that Wolfforth Fire & EMS will verify all information. Any false information may lead to denial of attendance or my removal from this academy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Wolfforth Fire & EMS Department sincerely appreciates your interest in this academy. This application will be reviewed and we will return our acceptance decisions as promptly as possible.*