



**STODDARD-BERGEN VOLUNTEER FIRE DEPARTMENT**  
**VOLUNTEER FIREFIGHTER APPLICATION**  
REVISED 08/01/2013

\_\_\_\_\_ Active  
\_\_\_\_\_ Support

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-duty related medical condition or handicap, or any other legally protected status. The information contained in this application form is required by law and / or the Stoddard-Bergen Fire Department Fire Board in order for you to be evaluated for acceptance. Completion of each item is voluntary, but incomplete answers may reduce your chance for volunteer selection. This document will become a permanent part of your personnel file if accepted.

P l e a s e   P r i n t   o r   T y p e

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Hm ( ) \_\_\_\_\_ Wk ( ) \_\_\_\_\_ Other \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class Endorsments: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_



**Employment History**

Current: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous: \_\_\_\_\_ Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_



**LIST TWO (2) PERSONAL REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST THREE (3) YEARS**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**MILITARY SERVICE**

Branch of Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ \*Attach copy of DD214\*



**EDUCATION**

Circle the Highest Level of Education Completed:    Grade School                      High School                      College / University  
   1 2 3 4 5 6 7 8                      9 10 11 12    GED                      1 2 3 4

Name of High School Attended: \_\_\_\_\_ City / State: \_\_\_\_\_

College / University: \_\_\_\_\_ City / State: \_\_\_\_\_



**CRIMINAL HISTORY**

Have you ever been arrested, charged with, or convicted of violating any laws other than minor traffic laws? If yes, give details.

\_\_\_\_\_

Please list all traffic charges / citations received in the past five (5) years.

\_\_\_\_\_

Has your driver's license ever been suspended or revoked? If yes, please explain.

\_\_\_\_\_



**RELATED EXPERIENCE**

Have you ever been a part of any other fire department or public safety agency? If yes, please explain.

\_\_\_\_\_

List any certificates or licenses you possess related to public safety. Please include dates of issuance and copies.

\_\_\_\_\_

List and describe any training you have that would benefit you as a member of a fire department.

\_\_\_\_\_

Briefly state why you want to become a member of a fire department.

\_\_\_\_\_



**PERSONAL VEHICLE INFORMATION**

Tag #: \_\_\_\_\_ Year: \_\_\_\_\_ Make / Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag #: \_\_\_\_\_ Year: \_\_\_\_\_ Make / Model: \_\_\_\_\_ Color: \_\_\_\_\_

I certify that I have liability insurance on my privately owned vehicle and agree to maintain liability coverage. \_\_\_\_\_  
(Please Initial)

