



**Crescent Rural Fire Protection District**  
**APPLICATION**

**The position you are applying for:**

Support Staff

Firefighter

Emergency Medical Services

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Physical Address & Mailing Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

Are you legally authorized to work in the U.S.?    YES            NO

Are you 18 years of age?                                    YES            NO

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?                                    YES            NO

Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position.

Are you a US Veteran?                                      YES            NO

If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any commitments or responsibilities that might prevent you from meeting job requirements?

YES            NO

If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any friends or relatives that currently work/volunteer for Crescent RFPD?

YES            NO            If YES, Who? \_\_\_\_\_

Have you previously applied for this position?    YES    NO

**Pride • Honor • Service**

If YES, when did you apply? \_\_\_\_\_

**EDUCATION & TRAINING**

High School \_\_\_\_\_ Did you graduate? YES NO

College/Trade School: \_\_\_\_\_ MAJOR \_\_\_\_\_

Did you earn your degree? YES NO

Please list any skills which you feel relate to this position:

\_\_\_\_\_

Have you received Firefighter/EMS/First Aid training in the past? YES NO

If YES,

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD CHECK**

Do you agree to a driver's license record check? YES NO

Drivers License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

**AVAILABILITY & EMPLOYMENT HISTORY**

What hours/days would you be available to respond to emergency calls? \_\_\_\_\_

Approximate minutes from home to Main Street Station, Crescent? \_\_\_\_\_

Can you be available for the following meeting and training sessions –

First Wednesday of the month for Volunteer Association Meeting? YES NO

The remaining Wednesdays for Fire/EMS training from 6:30pm to 9:00pm? YES NO

PRESENT EMPLOYER \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact your Employer/Supervisor? YES NO

Please list any military service -

\_\_\_\_\_

**REFERENCES**

Please list three references not related to you.

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

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

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

**AGREEMENT:** I understand any misrepresentation or deliberate omission may be justification for termination or refusal of volunteering/employment. I agree to undergo psychological screening (when applicable), physical examination and drug screening. I fully understand volunteering/employment is contingent upon meeting Crescent Rural Fire Protection District's physical requirements. (Note: Physical requirements will be assessed only as they relate to the position applied for. The City does not discriminate on the basis of handicap.) Candidates unsuccessful in any part of the testing process may reapply to test for future openings after waiting six months, unless it was for failure to pass the background or psychological examination, which requires the applicant to wait to retest for three (3) years. I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS OR PERSONS NAMED ON THIS APPLICATION TO GIVE ANY ADDITIONAL INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY AUTHORIZE CRESCENT RURAL FIRE PROTECTION DISTRICT TO REVIEW MY DRIVING RECORD AS WELL AS CRIMINAL HISTORY BACKGROUND CHECK.

Please read the above and sign

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Signature

Date