

APPLICATION FOR ZEPHYRHILLS VOLUNTEER FIRE RESCUE

NAME _____ SOCIAL SECURITY# _____

ADDRESS _____ PHONE# _____

AGE: _____ DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____

COLOR HAIR: _____ COLOR EYES: _____ MARITAL STATUS: _____

PLACE OF BIRTH: _____

DRIVER LICENSE# _____ CHAUFFEUR# _____ EXPIRES: _____

HAVE YOU EVER BEEN ARRESTED ? _____ WHAT FOR ? _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

LIST ALL TRAFFIC VIOLATIONS IN LAST 3 YEARS _____

HAVE YOU LIVED IN PASCO COUNTY FOR 6 MONTHS OR MORE ? _____

LIST PREVIOUS ADDRESSES IN LAST 5 YEARS _____

PREVIOUS EXPERIENCE OR APPROPRIATE SCHOOLING: _____

ARE YOU VOL. OR STATE CERTIFIED ? _____ DATE COMPLETED _____

DO YOU HAVE: 1st AID _____ TYPE _____ EXPIRES _____

CPR _____ TYPE _____ EXPIRES _____

EMT _____ TYPE _____ EXPIRES _____

EVOC _____ DATE COMPLETED _____

DO YOU HAVE ANY PHYSICAL DEFECTS ? _____

LIST 3 CHARACTER REFERENCES (NAMES & ADDRESSES)

1. _____

2. _____

3. _____

EDUCATION:
SCHOOL NAME

CITY, STATE

GRADUATED

EMPLOYMENT: (LIST MOST CURRENT FIRST)

DATE COMPANY & ADDRESS POSITION REASON FOR LEAVING

WHAT ARE YOUR NORMAL WORKING HOURS ? _____

WHY DO YOU WANT TO BE A VOLUNTEER FIREFIGHTER?

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION IS CAUSE FOR REJECTION OR SEPARATION FROM ZVFR.

SIGNATURE _____ DATE _____