

Have you ever been Arrested? _____ Been Convicted of a Felony? _____
Yes or No Yes or No

Explain if yes to either question: _____

Do you have any Physical or Psychological Disabilities? _____ Explain if yes: _____
Yes or No _____

List Fire Dept. or other Emergency Organization you may have been associated with in the past.

Fire or Emergency related training: _____

Are you a: First Responder Emergency Medical Responder E.M.T Paramedic C.P.R. N/A
(Circle One)

List name of Instructor and date completed: _____ / _____ / _____

List 3 Personal References & Phone numbers: (Other than relatives)
1. _____
2. _____
3. _____

I hereby certify, that all statements made in this application are true and complete and understand that misstatements of material and facts will subject me to disqualification or dismissal. I also agree, that I will be responsible for any and all equipment furnished me by the Granite Falls Fire Department and upon termination of membership, I will immediately return all property to the fire department or be subject to Civil Action.

Signature in Full

(Fire Department use only)

Date of 4 meetings Attended: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Motion: _____ Second: _____

Application Accepted: _____ Application Rejected: _____
Date Date

Comments: _____

Officer in Charge