



Crystal Park Volunteer Fire Department Application for Membership



Name: _____ Birth Date: ___/___/___
Address: _____ Home Phone: _____
City/Zip: _____ Work Phone: _____
SSN: _____

Position Applying For: Firefighter -- EMS -- Engineer/Driver

Do you have a current CO Driver's License? Yes ___ No ___

Drivers License Number: _____ Expiration Date: _____ State: _____

Employment: List employer(s) for past 5 years.

Current Employment: _____

Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Work Shift: _____

(Weekdays only, nights, weekends, shifts, etc)

Dates: From _____ To _____

Can you leave your job to respond to an emergency call? _____

Previous Employment: _____

Employer: _____

Address: _____

Supervisor: _____ Phone: _____

Dates: From: _____ To: _____

Previous Fire Department and/or Emergency Medical Experience:

Agency Name: _____

Address: _____

Position: _____

Supervisor: _____

Dates: From: _____ To: _____

Agency Name: _____

Address: _____

Position: _____

Supervisor: _____

Dates: From _____ To _____

Personal Information:

Years lived in Colorado Springs area: _____

Marital Status: Single ___ Married ___ Spouse's Name _____

Previous Address (if less than 5 years at present): _____

City/Zip: _____

Education:

High School Name: _____

Graduate? _____ If yes, year: _____ If no, GED? _____

College Name: _____

Major: _____ Graduate? _____ Degree: _____

College Name: _____

Major: _____ Graduate? _____ Degree: _____

EMT Certified? Yes: ___ No: ___ State: ___ Expiration Date: _____ Level: _____

CPR Certified? Yes: ___ No: ___

CO State Firefighter I, II? Yes: ___ No: ___ State: ___ Expiration Date: _____

Other Current Fire or Medical training: _____

Medical History:

Height: _____

Sex: Male _____ Female _____

Weight: _____

Blood Type: _____

Allergies: _____ Medications: _____

Do you have any physical conditions, medical history, previous workers comp, or history of mental conditions that could limit your performance as a firefighter or medical care provider? _____

If yes, describe: _____

Legal:

Have you ever been convicted of a felony? Yes ___ No ___

If yes, describe: _____

Have you ever been charged with a misdemeanor or traffic violation? Yes ___ No ___

If yes, describe: _____

I specifically grant the Crystal Park Volunteer Fire Department permission to obtain my driving record and my criminal history. Further, I certify that all of the information furnished on this form is true, complete, and correct to the best of my knowledge. I understand that all information is subject to verification by the Crystal Park Volunteer Fire Department. False information is cause for rejection of my application.

Signature: _____ Date: _____

For Department Use Only:

Date accepted as probationary member: _____ Officer: _____

Date accepted as full member: _____ Officer: _____

Date rejected: _____ Officer: _____

Reason for rejection: _____