

# **SUGAR HILL FIRE DEPARTMENT**

## **FIREFIGHTER APPLICATION**

**Applicant Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

*(First – Middle-Last)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Do you check regularly?  Yes  No

Emergency Contact: \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

1. Do you have a valid NH Driver's License?  Yes  No License # : \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Expiration: \_\_\_\_\_ Restrictions (If any): \_\_\_\_\_

2. Do you have any previous firefighting experience?  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

3. Do you have your employer's consent to attend fires during working hours?  Yes  No

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Do you have a valid First Aid certificate?  Yes  No Type: \_\_\_\_\_

5. Do you have a valid CPR certificate?  YES  No Type: \_\_\_\_\_

6. Are you in good health?  Yes  No

Any medical conditions that would limit your abilities to perform as a firefighter?  Yes  No

Date of last physical: \_\_\_\_\_ Physician: \_\_\_\_\_

Insurance: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

7. Are you afraid of heights?  YES  No

8. Are you claustrophobic?  Yes  No

9. Have you ever been convicted of a criminal offence  Yes  No

If yes, briefly state the particulars: \_\_\_\_\_

10. Do you grant permission for a criminal and driving record check to be completed?  Yes  No

**11. Character References:**

Name	Address	Phone
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Name	Address	Phone
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12. **Clothing Information:** Jacket size: \_\_\_\_\_, Waist size: \_\_\_\_\_, Inseam: \_\_\_\_\_,

Shoe size: \_\_\_\_\_, Shirt Size: Neck \_\_\_\_\_ Sleeve \_\_\_\_\_

I certify that the above is accurate and understand that that if I knowingly provided mis-information that it would be grounds for immediate dismissal. I understand that as a condition of being a firefighter that there will be a driver's license check, criminal records check and that I must be physically capable of performing the duties of a firefighter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date