Grand Fire Protection District No. 1

60500 U. S. Hwy 40 - P. O. Box 338 - Granby, CO 80446 - (970) 887-3380 - grandfire@grandfire.org

Application for (check one)

Resident Firefighter \square Volunteer Firefighter \square

Today's Date

First

Last Name

Street Address			Social Security Number				
Street Address		Date of Birth					
Mailing Address	(if different from street address)		Buto of Birth				
			Driver's License Number				
City	State Z	Zip	Home Phone				
Referred by		Cell / Mobile Phone					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			E-mail				
Education	Name and location		Diploma / Degree / GED				
High School							
College							
Other							
,		'					
	convicted of a crime in the past seven (7) years, oth	er than a min	or traffic violation? Yes or No				
If Yes, Please explain: (even if your record is clear)							
List all traffic violations within the last three (3) years:							
			1				

EMPLOYMENT HISTORY Provide information on present and former employers for the past 4 years beginning with the most recent.						
From	То	Employer	Telephone ()			
Job Title		Address				
Supervisor/Title		Summarize the nature of work performed and job responsibilities:				
May we conta	act? Yes or No					
From	То	Employer	Telephone ()			
Job Title		Address	''			
Supervisor/Title		Summarize the nature of work performed and job responsibilities:				
	1 _					
From	То	Employer	Telephone ()			
Job Title		Address				
Supervisor/Title		Summarize the nature of work performed and job responsibilities:				
List any fire department training & experience:						
List any skills, training, hobbies and civic activities you would like us to consider:						

List hobbies & interests:					
REFERENCES					
List 3 references giving complete names, a	address, phone and nu	mber of years known.			
Name	Address		City / State / Zip		
Telephone		Number of Veers Kn	oun		
Telephone ()	Number of Years		10WN		
Name	Address		City / State / Zip		
			, ,		
Telephone		Number of Years Known			
()					
Name	Address		City / State / Zip		
Telephone			Number of Years Known		
()					
EMERGENCY CONTACT INFORMATION					
Name		Relationship			
Address					

Work Phone

()

Home Phone

()

Cell Phone

()

Why do you want to become a firefighter?					
Do you believe you can handle the physical and mental requirements of	being a firefighter?	Yes or No			
Logrify that to the best of my knowledge and belief the a	nswers given by me to the forego	ina			
I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions, the statements made by me in this application, and any attached documentation provided by					
me are correct and complete. I understand that misrepresentation or omission of facts may lead to					
disqualification of eligibility.					
I understand that if approved by the Fire Chief, I will beco	me a qualified active volunteer and	d I will obey			
the rules and regulations o the Fire Department. I will atte					
understand that I will be on orientation and probationary status for a period of at least 6-months in order					
to obtain necessary training prior to responding to actual i		•			
trucks until certified. I hereby acknowledge receipt of personal protective gear issued and understand it will be stored at the station and worn at all training exercises.					
will be stored at the station and worn at all training exercis					
Signature	Date				
Approved by	Date				

*Submit a copy of your driver's license with this application.

Revised 10/2009