



# Clearwater Fire Department Application Form

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Contact #(s):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**DL#:** \_\_\_\_\_ **DL State:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Legal Citizen of the U.S.:** \_\_\_\_\_

**List any physical handicaps/medical conditions you may have:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**In case of injury, please list who you would like to be notified:**

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_