KLICKITAT COUNTY

RURAL 7

FIRE DISTRICT

327 West Brooks Goldendale, WA 98620 509-773-4246 Fax 509-773-4250 email: RURAL7@RURAL7.COM

FIREFIGHTER APPLICATION	ON FORM
Date;	
Name of Applicant:	·
Social Security:	
Address:	
<u>Telephone Numbers:</u>	
Home#Cell#_	Work#
Birthday Age	
Sex: Male:	-
Health Information	
Height:Weight:	
How do you rate your Health: Poor:Fair:Good:Excellent:	
Any Physical Handicaps: Yes: If Yes, Please Explain:	No:
Heart Trouble?BackTrouble?	
Diabetes?Epilepsy?	
Do you have any Physical condition that would keed dig trails on a fire?	
Driving Information Drivers License #	
Expire Date;	
Has your driver's license ever been suspended or re	evoked?

If Yes, explain:
Have you been convicted of any Misdemeanors or Felonies?
If Yes, please explain:
Do you have a CDL?List the machinery are you able to drive?
Have you ever driven an emergency vehicle before?
Have you been or currently with any Fire Department or Emergency Department?
If yes, List Name(s) and Person(s) and phone number:
Do you have a means of transportation to the fire hall, if you are called?
What type?
First aid training
Your First aid level is? NoneBasicAdvanced When does your certification expire? Place of your First Training
Work History Name of your Employer?
What type of work do you do?
Will your employer let you leave to fight a fire?
In case of an Emergency: Name of a family member:
Phone Number:
Address:

## This is a volunteer service: There is no pay involved.

All applicants will be subject to a background check and will not be approved until a background check has been completed.

Date;	
Fire Station:	
Chief's Signature	
We retain the right to accept or	reject any and all applications.
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