

## La Veta Fire Department Application For Membership

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_

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 Stats: Single \_\_\_ Married \_\_\_ Spouse's Name \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

La Veta Fire Protection District

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

Fire Fighter I, II? Yes: \_\_\_ No: \_\_\_ State: \_\_\_ Expiration Date: \_\_\_\_\_

Other 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 La Veta 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 La Veta 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: \_\_\_\_\_

Revised 31 July 2006