

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