

CHARACTER REFERENCES
(Do not list relatives or former employers)

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone</u>

IMPORTANT: Read Before Signing

I authorize investigation of all statement and matters contained in this application of which the Granite Falls Fire Department may deem relevant to my acceptance.

Signature: _____ Date: _____

MEDICAL INFORMATION

Date of last physical exam? _____

Results? _____

Are you now under a Doctors care? _____

Are you willing to take a physical exam? _____

Days of work missed in last 12 months: _____

Family physician: _____ Address: _____

MISCELLANEOUS INFORMATION

What do you do for recreation? _____

Clubs & organizations to which you belong (Exclude those based on race, religion or national origin):

Are you willing to take a physical agility test as part of the application process? _____

Do you have any special skills such as electrical or mechanical? _____

THE FOLLOWING IS AGREED TO BY THE APPLICANT'S EMPLOYER

I do hereby certify that this application is made with my knowledge and consent and I understand that if is accepted to the Granite Falls Fire Department that this individual will be giving part of their time to public service and **will be expected to leave work when the alarm sounds.**

Name of company where you are employed: _____

Address of employer: _____

Telephone of employer: () _____

Name of Supervisor: _____

Signature of Employer: _____

Date _____

- Coronary artery disease or cerebral blood vessel disease?
- Severe or progressive hypertension?
- Anemia, pernicious?
- Pneumomeiastinum gap?
- Communication or sinuous through upper jaw to oral cavity?
- Experience breathing difficulty when wearing a respirator?
- Experiences claustrophobia when wearing a respirator?
- Any other conditions that you feel could effect the healthful use of a respirator?

11. Do you or have you in the past, experienced any medical or physical problems that could affect your ability to perform the duties of a Volunteer Firefighter (as described on the front page of this application)?

Yes _____ No _____

If you answered yes, please explain: _____

"I hereby declare that all statements made on this application are true and complete to the best of my knowledge and belief. I understand these statements are subject to verification. I also understand that falsification of this application may disqualify me from serving on the fire department or result in immediate dismissal on discovery.

I authorize schools, former and current employers, and references listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability and claims for any damage whatsoever that may result therefrom."

Applicant's Signature _____ Date _____

