



Byers Fire Department Protection #9
Junior Firefighter Program Application



Today's Date: _____

Applicant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____

Email: _____

Drivers License Number: _____ Expiration: _____ (Please attach)

Social Security Number: _____

Parent/Guardian Information

Name: _____ Cell Number: _____

Relationship: _____

Name: _____ Cell Number: _____

Relationship: _____

Background Information

School attending: _____ Grade: _____

Are you maintaining a 'C' average or better? No Yes (please attach most recent report card)

Have you ever been arrested, ticketed or fined? No Yes

Are you currently under investigation or awaiting a court appearance? Yes No

Medical Information

Any medical or psychological conditions? No Yes (List below and what is being treated)

Are you allergic to anything? No Yes (List below)

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a junior firefighter? No Yes

List any accommodations or adaptations you might need to perform your duties:

Work Information

Current Employer: _____

Phone Number: _____ Position: _____

Duties: _____

Previous Employer: _____

Phone Number: _____ Position: _____

Duties: _____

References

We would like to call at least two people who are not related to you and who have a definite knowledge of your qualifications for membership in the fire service.

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Questions

What interested you the most about becoming involved in the cadet program?

Do you have any medical or fire training? No Yes

Are you interested in obtaining medical and/or fire certifications? No Yes

What do you want to get out of the program?

Certification and Release (carefully read before signing)

I certify that the answers and information given by me in this application are true, correct and complete to the best of my knowledge. I understand that Byers Fire District has the right to refuse to select or immediately discharge me at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time.

I authorize Byers Fire District and its agents, including authorized third parties, to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by Byers Fire District or its representatives, to release any information they have regarding me. I hereby release from liability Byers Fire District and its representatives for seeking such information and all other persons, corporations or organizations for furnishing information. I authorize investigation of all information as may be necessary.

I agree that if I am selected to participate in Byers Fire District's Cadet Program, I will comply with the rules, regulations, policies, procedures, and other terms and conditions of participation as set forth in the Program's Policies & Procedures. I acknowledge that these rules, regulations, policies, procedures and other terms and conditions may be changed, interpreted, withdrawn, or added to by Byers Fire District at any time, at Byers Fire District's sole option and without any prior notice to me.

I understand that it is my responsibility to keep Byers Fire District informed of changes in my application, including address, phone number, employment availability, or other provided information. Should I desire to be reconsidered, it will require a new application be filed during the next application period.

Applicant Signature _____ Date _____

Print Name _____

Parent/Guardian Signature _____ Date _____

Print Name _____

Minor Cadet Parent or Guardian Consent:

I/We, the undersigned, represent that I/We, the legally appointed or natural guardian(s) of the above named person who is under the age of 18 years: that he/she has signed the within and foregoing document with our full knowledge and consent: and that I/We join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement to the same terms and provisions for myself/ourselves and my/our heirs, executors, personal representatives, and assigns.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____