

# ***VILLAGE OF FREDONIA***

## ***FIRE DEPARTMENT***



### ***APPLICATION FOR EMPLOYMENT for***

***FIREFIGHTER  
EMERGENCY MEDICAL TECHNICIAN  
AMBULANCE DRIVER***

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



## Professional Experience (cont'd)

Do you have any previously have any medical training, certifications, or experience? \_\_\_ Yes \_\_\_ No

If so, please explain:

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## Personal Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you have any Allergies? \_\_\_ Yes \_\_\_ No

If so, please list them: \_\_\_\_\_

Do you use any Medications on a regular basis? \_\_\_ Yes \_\_\_ No

If so, please list them: \_\_\_\_\_

Please list any other medical problems you may have that were not mentioned previously:

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Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) -

Person to notify in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) -

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I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted as a member, any false statements made on this application can be grounds for termination.

I authorize an investigation of all statements contained herein, and further understand that my criminal past may be investigated through available law enforcement agencies.

I understand and agree that the Constitution and By-laws' of this department govern my membership, and should I not fulfill my obligations as a member, my status may be changed or terminated accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_