HAMPTON VOLUNTEER FIRE DEPARTMENT

203 2nd Avenue NW - Hampton, IA 50441

VOLUNTEER FIREFIGHTER APPLICATION

Date: _____

Name:_____

Address: _____City: _____

How Long at this Address:_____

Telephone (Home):_____ (Business/Other):_____

Date of Birth:_____Place of Birth: _____

Level of Education Achieved: _____

Are you in good physical health? _____

Present Employment:_____

Is your Employer willing to let you go to fires at any time necessary?_____

Why do you want on the Fire Department? _____

_____

_____

I state that all the above information is true.

_____ _____

Signature of Applicant Signature of HFD Sponsor

Signed this _____ day of _____ 20____

Date Application Read _____ Date Accepted _____ Rejected _____

All applications subject to background checks by the City of Hampton, Iowa.