

# City of Ostrander

## VOLUNTEER FIRE DEPARTMENT APPLICATION OSTRANDER, MN 55961

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL CONDITION THAT COULD AFFECT YOUR PERFORMANCE AS A FIREMAN? YES NO

ARE YOU ABLE TO BEND & LIFT UP TO 100 LBS? YES NO

DO YOU LIVE WITHIN 5 ROAD MILES OF THE OSTRANDER FIRE DEPARTMENT (304 MAIN STREET)? YES NO

DO YOU HAVE A CURRENT FIRST AID & CPR CERTIFICATE? YES NO  
EXPIRATION DATE AND ISSUING ORGANIZATION \_\_\_\_\_

CURRENT FIRST RESPONDER CERTIFICATE? YES NO

CURRENT EMT CERTIFICATE? YES NO

FIRE FIGHTER 1 CERTIFICATE? YES NO

PREVIOUS FIRE DEPARTMENT EXPERIENCE  
YEARS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
LOCATION \_\_\_\_\_

EMPLOYMENT  
LOCATION \_\_\_\_\_ WORK HOURS \_\_\_\_\_

WOULD YOUR EMPLOYER OBJECT TO YOUR LEAVING YOUR JOB TO ANSWER A FIRE CALL? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

HAVE YOU EVER HAD A TRAFFIC VIOLATION BESIDES A SPEEDING TICKET? YES NO

YES, IF SO PLEASE STATE \_\_\_\_\_

WHAT CLASS OF DRIVERS LICENSE DO YOU NOW HOLD? (Circle one) A B C

THE ANSWERS PROVIDED ARE TRUE AND CORRECT. ANY FALSE STATEMENT MAY RESULT IN NON-SELECTION FOR THE POSITION, OR IF HIRED, TERMINATION.

SIGNATURE \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN THE OSTRANDER FIRE DEPARTMENT!!