



3rd District Fire Department
137 4th St N
Central City, IA 52214



Third District Fire Department Firefighter Application

Contact Information	
Name	
Street Address	
City, State, Zip	
Phone Number	
Date of Birth	
Occupation	
Valid Driver's License?	
Felony Conviction?	

Availability						
When are you available throughout the week?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



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Experience

Firefighting? If so, what and where?

Medical? If so, what and where?

Hazardous Materials? If so, what level?

Two way Radios

Truck Driving (larger than a pick up)

Self-contained breathing apparatus

Ladder work?

Do you wear a beard?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.



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Emergency Contact

Name	
Address	
Phone Number	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, that a background check may be performed, and any false statements, omissions, or other misrepresentation made by me on this application may result in immediate dismissal. I will also be required to attend the department's monthly business meeting as well as a minimum of two training sessions per month. If I fail to meet these requirements, I may be subject to disciplinary action up to and including termination.

Name (printed)	
Signature	
Date	