



Education				
Type of School	Name, City & State	Years Completed	Graduated	Major or Course of Study
High School				
College				
Post Graduate				
Other				

Certifications			
Type	State / National	Certification / License #	Expiration Date
Firefighter Certification			
EMS State License			
EMS National Registry			
CPR Certification			
ACLS Certification			
PALS Certification			
Other:			
Other:			

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Years at Current Job: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Why do you want to be a part of this organization? \_\_\_\_\_

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# Applicant Verification, Authorization and Release Statement

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am accepted, any false statement or omission can lead to immediate dismissal, and I agree that the Amherst Fire District, its agents and employees shall not be held liable in any respect if my membership is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history and/or credit and financial records, employment or investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act and any law enforcement agency. I understand that, within a reasonable period, I may make a written request for detailed information concerning such an investigation. I authorize the companies, schools, persons and law enforcement agency named above to give any information requested regarding my employment, character, qualifications and criminal record including any ordinance violation and/or traffic record and release and hold harmless the Amherst Fire District, its agents and employees from any liability. I understand and agree that if accepted, my membership is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that any offer of membership may be conditioned upon the results of a physical examination.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

For Office Use:

Date of Probationary Acceptance or Denial: \_\_\_\_\_

Date of Permanent Membership: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_