

APPLICATION FOR JUNIOR FIREFIGHTER VACAVILLE FIRE PROTECTION DISTRICT

Please print or type all information requested. Incomplete applications will not be considered.

Your Legal Last Name:	First Name:	Middle Name:	
Home Address: Number	Street	City	State Zip
Mailing Address (<i>if different than above</i>):			
Home Phone:		Work Phone:	
Date of Birth:	Age:	Place of Birth:	
Height:	Weight:	Blood Type:	Color of Eyes:
Hair Color:		Social Security Number:	
Driver's License Number:	Class:	Expiration Date:	
Driving Record: Have you ever had your license suspended, cancelled, or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain each separate incident in detail on a separate piece of paper.			
List all driving citations you have received in the past five years. (List additional citations on a separate piece of paper.)			
<i>Date</i>	<i>Conviction</i>	<i>Disposition</i>	<i>Name & Court Address</i>
School:		Grade Point Average:	
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, <input type="checkbox"/> full time or <input type="checkbox"/> part time? Where?			
Please indicate a name and phone number of person the Fire District may contact in case of emergency:			
Name: _____			
Phone Number: _____ Relationship _____			

Why do you wish to become a Junior Firefighter?
What community interests do you have (organizations, business or personal)?

HEALTH RECORD

Do you have any disabilities or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are they?

I hereby certify that all statements in this application and in any attachments are true and complete as far as I can determine, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

Signature _____ Date _____

Parents or Guardians' signature(s) _____

FOR OFFICE USE ONLY
<input type="checkbox"/> Acceptance Date _____
<input type="checkbox"/> Explorer application completed Yes <input type="checkbox"/> No <input type="checkbox"/> ; make sure Post/Ship Copy is filled out on the back that is the medical release
<input type="checkbox"/> Department ID # _____
<input type="checkbox"/> Resignation Date _____