

# GEARY COUNTY FIRE DEPARTMENT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE -- HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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Please list any previous Fire Fighting experience. \_\_\_\_\_

\_\_\_\_\_

Are you Fire Fighter I and/or II Certified?      YES    NO

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The following information is necessary for a disability insurance policy and for emergency treatment if needed. Confidentiality of information is assured.

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL: \_\_\_\_\_

PLEASE LIST ANY SPECIAL HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

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## GEFD USE ONLY

DATE STARTED WITH GEFD: \_\_\_\_\_

BUNKER PANTS \_\_\_\_\_ BUNKER COAT \_\_\_\_\_ BOOTS \_\_\_\_\_ HELMET \_\_\_\_\_

NOMEX HOOD \_\_\_\_\_ GLOVES \_\_\_\_\_ GEAR BAG \_\_\_\_\_ MASK \_\_\_\_\_

BRUSH GEAR \_\_\_\_\_