



CITY OF DYER, ARKANSAS

FIRE DEPARTMENT
309 WASHINGTON STREET
PO BOX 149
DYER, AR 72935
(479)997-8557
FIRECHIEF@CITYOFDYERAR.COM

Fire Fighter Application

LAST NAME FIRST MIDDLE HOME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

ARE YOU OVER 18 YEARS AND UNDER 70 YEARS? YES ___ NO ___

IF UNDER 18 PARENT OR GAURDIAN SIGNATURE _____

HOW LONG AT PRESENT ADDRESS? ___ YEARS ___ MONTHS

PROVIDE INFORMATION ON PRESENT EMPLOYER:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA ___ G.E.D. ___

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE SERVICE EXPERIENCE: _____

EMERGENCY MEDICAL EXPERIENCE: _____

CERTIFIED EMT: YES ___ NO ___ LEVEL ___ CERTIFICATE #: _____

CERTIFIED 1ST RESPONDER: YES ___ NO ___ CERTIFICATE #: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ LICENSE #: _____

SOCIAL SECURITY NUMBER _____

HAVE YOU EVER BEEN CONVICTED FOR A FELONY OR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES ___ NO ___ IF YES, PLEASE EXPLAIN: _____

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES ___ NO ___ IF YES, PLEASE

EXPLAIN: _____

PLEASE PROVIDE THE NAMES OF TWO CONTACTS THAT CAN BE CONTACTED IN AN EMERGENCY.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, MEETINGS, DRILLS, AND WORK ON COMMITTEES? _____

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE DYER VOLUNTEER FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT: _____

DATE: _____



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BACKGROUND WAIVER

Print Applicant Name

Date of Birth

am an applicant for a position with

Driver License Number

Social Security Number

Dyer Volunteer Fire Department. I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information which may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this _____ day of _____, in the City/Town of _____

Signature

