



KENDALL FIRE DEPARTMENT



APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Driver License Number:	Ht.(FT,IN)	Wt. (LBS)
PREVIOUS EXPERIENCE		
Former Fire Dept./Ambulance Squad:		
Dept. Address		Years of Service:
City:	State:	ZIP Code:
Position:	EMT Number:	
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
PERTINENT MEDICAL INFORMATION (LIST ANY)		
DESIRED POSITION (CHECK ALL THAT APPLY)		
Fire Police	Driver	Interior
Exterior	Medic	Dispatch
Other	If other please list:	
SIGNATURE		
I authorize the verification of the information provided on this form as to my credit and membership.		
Signature of applicant:		Date:
Please return the filled out application to the Kendall Fire Dept. PO 187 Kendall NY 14476 with a \$10 check(First year dues)		
DEPARTMENT USE ONLY		
SIGNATURES OF EXAMING COMMITTEE		
Print:	Sign:	
Print:	Sign	
Print:	Sign	
Print:	Sign	
Date of Interview:		