



# Graton Fire Protection District

Post Office Box A, Graton, California 95444

www.gratonfire.com

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## FIREFIGHTER APPLICATION

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP

MAILING ADDRESS \_\_\_\_\_  
STREET CITY ZIP

PHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_  
Carrier:  AT&T  Verizon  Sprint

EMAIL ADDRESS \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

MEDICAL TRAINING \_\_\_\_\_

CURRENT CPR CERTIFICATION  NO  YES: EXPIRATION \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

EDUCATION  GED/HIGH SCHOOL DIPLOMA  COLLEGE  OTHER \_\_\_\_\_

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

	NAME	ADDRESS
PHONE NUMBER	HOME	WORK
		CELL

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that I must successfully complete my probationary training prior to becoming a member in good standing.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Received: \_\_\_\_\_ Interviewed: \_\_\_\_\_