



Graton Fire Protection District

Post Office Box A, Graton, California 95444

www.gratonfire.com

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

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: _____