

PAGOSA FIRE PROTECTION DISTRICT FIREFIGHTER APPLICATION

1. Name of Applicant: _____
Last First Middle
2. Address: _____
Home Phone No. _____ Other No. _____
3. Employer: _____ Phone No. _____
4. Previous Employer: _____
Phone No. _____
5. SSN: _____
6. Driver's License No. _____ Type: _____
Expiration Date: _____ State of Issuance: _____
7. Previous firefighting experience: () Yes () No
Number of Years: _____ Name of Dept. _____
Paid: _____ Volunteer: _____ Firefighting duties performed
or specialties: _____
8. Highest Level in school: _____ College: _____
Degree: _____ Other schools or training (armed forces, 1st aid,
EMT, etc.): _____

9. List special skills or hobbies (carpentry, typing, auto mechanics, etc.)

List any traffic infractions that would make you ineligible to drive a District vehicle: (exclude any minor infractions, i.e. parking tickets, Defective equipment, etc.) _____

Have you ever been convicted of any crime of moral turpitude or any felony? If so, please describe the situation and the disposition of the case: _____

Emergency Contact: _____

Relationship to Applicant: _____

Address: _____

Home Phone: _____ Business Phone: _____

When was your last physical examination? _____

Name of Physican: _____

Date: _____

Signature of Applicant: _____

Date Received by PFPD: _____