

Coeur d'Alene Fire Department

Application for Fire Cadet

General Information:

Legal Name			
Last		First	M.I.
Home Address	nber & Street	City, State	Zip
Home Phone	Work Phone_	Cell Phone	
EMAIL		Current Grade	
Date of Birth	Age	_ Place of Birth	
Drivers License #		_ Social Security #	
Height	Weight	_ Eye Color Hair Colo)r
Family Information:			
Mothers Name		Fathers Name	
Legal Guardian (If ot	her than parents)		
Brother (s)		_ Sister (s)	
List names and phone	e numbers of 3 perso	ns to be contacted in case of an e	emergency
Name	Phone		Relationship
Name	Phone		Relationship
Name	Phone		Relationship

Health Record:

	and injuries in the last 5 years:	
	rgies to medications? Yes No	
medications and reaso	nedications on a regular basis? Yes on why	
Do you now or have yobtaining employment	you ever had any injury or illness whic nt or participating on any High School	ch has prevented you from athletic team? Yes No
	Forced to leave a job because of any illes No If yes, explain	
you ever been advised	you ever worn corrective lenses? Yes <u></u> d to wear corrective lenses to correct y	
Personal or Family Pl	hysician Information: Phone	City
1 Junio		City

Education and Employment History:

Education Record:			
Elementary School _			
	Name	City	State
Junior High School			
	Name	City	State
High School			
	Name	City	State
What is your current	Grade Point Average t	hrough your last report card?	
		from any school in the last 3 y	
Have you ever been Yes No	placed on an Academic	e Achievement list in the last 3	years?
Employment Record	1:		
last 2 years. Include unemployment.	e self-employment, part	ion and list your complete wor -time, volunteer work and all p	•
Date of Employmen	t:		
Nama of amploy	From	to	
Address	л		
Job title and dutie	 es		
Date of Employmen	t:		
	From	to	
	er		
Address			
Job title and dutie	28		· · · · · · · · · · · · · · · · · · ·
Data of Employment	<i>t</i> .		
Date of Employmen	t: From	to	
Name of employ			
Job title and dutie			

Personal references: (other than previous employers and family members)

Name	Occupation	
Address	Phone	
	Relationship	
Name	Occupation	
	Phone	
Years Known	Relationship	
Name	Occupation	
	Phone	
	Relationship	
	wing you present or any other employer? Yes	No
• •	f the Coeur d'Alene Fire Department, list their r	· · · •
	oyee of the City of Coeur d'Alene? Yes hip, and department	
	nded, suspended, discharged, been asked to leaves No If yes, explain	
Is your employer aware of y	our interest in becoming a Fire Cadet Yes	No
	lict between working hours in your employment [es No If yes, explain	•

Driving and Conviction record:

Have you ever been the operator of a motor vehicle, or have you been involved in an accident which resulted in injury or death to a passenger or pedestrian, or in property damage in excess of \$250? Yes _____ No____ If yes, state where and when, and explain the incident in detail and indicate how the case was resolved. Explain each separate incident in detail. (If more space is needed, use the back of this page or add an attached sheet). _____

Have you ever had your license suspended, canceled or revoked? Yes _____ No____ If yes, explain each separate incident in detail. _____

List all driving citations you have received for which you were found guilty.

What class drivers' license do you currently have? Circle one: A B C D Expiration date: _____

Are you currently carrying insurance on your personal vehicle? Yes____ No____ Carrier name _____

Have you ever been charged or convicted of a crime for which you were subject to incarceration and or fined? Yes_____ No _____ If yes, explain in detail each incident.

Miscellaneous information:

How did you hear about the Fire Cadet Program?

Do you have an interest in the Fire Service as a possible career choice?

Do you have any special training, experience, skill, ability or trade which you think would be of value to your position as a Fire Cadet?

Have you ever or are you currently participating in team sports at the High School level?

What community interests do you have (organizations, business or personal)?

Will you be participating in any school sport or extracurricular activities in the following school year?

Indicate times and days of the week you <u>would not</u> normally be available for your Cadet duties.

Have you discussed the position and duties of Fire Cadet with your parents or guardians? Yes____ No____ Did they have any concerns you were not able to answer for them? If so, list them.

I hereby attest that all statements made in the questionnaire and any attachments are true and complete as far as I can determine, and I understand that any misinformation or false statements may subject me to disqualification or dismissal.

Signature_	
Date	

This is not a school-sponsored event, student is to provide his/her own insurance