



# Pikeville Volunteer Fire Department

87 Municipal Drive, Pikeville, TN 37367

423-447-6222

## EMPLOYMENT APPLICATION

*The position you are applying for is a Non-Paid On-Call Volunteer Firefighter.*

### APPLICANT INFORMATION

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

DOB: \_\_\_\_\_ DRIVERS LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT No: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

### EDUCATION AND TRAINING

EDUCATION	Name & Address of School	Year Graduated	Degree Area
High School			
Vocational School			
College / University			
Advanced Education			

MILITARY	Branch	Highest Rank	Dates	Assignment
<input type="checkbox"/> NONE				

FIRE / RESCUE	Fire Department	City / State	Highest Rank	Assignment
<input type="checkbox"/> NONE				

EMS Training	First Responder	EMT	EMT - IV	Paramedic
<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE

List other training, special skills, hobbies, etc. that you may be willing to use in the Fire Service:

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### AVAILABILITY

Check the usual times when you would be able to respond to emergencies:

Available Time	SUN	MON	TUES	WED	THURS	FRI	SAT
6:00 AM to Noon							
Noon to 6:00 PM							
6:00 PM to Midnight							
Midnight to 6:00 AM							

### GENERAL INFORMATION

Do you have any medical conditions that would prevent you from doing the physically demanding work of a Firefighter? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you had a complete Physical Exam within the last two (2) years? YES \_\_\_\_\_ NO \_\_\_\_\_

List any Allergies: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Do you live or work within five miles of the Fire District of the Fire Department? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a vehicle that you can drive to Training Sessions and Emergencies? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you carry Liability Insurance on all vehicles that you may drive while participating in Fire Department activities? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your Drivers Licence been suspended/revoked within the past five (5) years? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have Health Insurance coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any Felony Convictions or DUI Violations? YES \_\_\_\_\_ NO \_\_\_\_\_

Do we have your permission to run a Background Check? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you willing to submit to a Drug Test? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMERGENCY CONTACT

(NAME)

(RELATIONSHIP)

(PHONE)

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the Fire Department. I understand that I will be on probation for not less than 12 months and may be excused from the Department with no fault or liability.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_