

MATTAWAN FIRE DEPARTMENT CADET FIREFIGHTER APPLICATION

Date: _____

Applicant's Name: _____

Date of Birth: ____/____/_____

Driver's License Number: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Information

Parents Name: _____

Parents Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact (If different than parents)

Name: _____

Relation to You: _____

Contact Phone Numbers: _____

Are you related to any member of the Mattawan Fire Department? Yes No

If yes, please list the name. _____

Medical Information

Doctor's Name and Phone: _____

Are you on any medications? Yes No If yes, list below.

Do you have allergies? Yes No If yes, please list below.

Do you have any limitations that could prevent you from performing the duties of a Cadet Firefighter? Yes No If yes, please explain below.

Background Information

School attending? _____

Grade? 9 10 11 12

Do you have at least a 2.0 grade point average? Yes No

Do you have any experience related to the fire department or emergency service?

What interests you in becoming a cadet with the Mattawan Fire Department? Use separate paper if needed. _____

Are you able to attend Cadet training on Sunday afternoon/evenings? Yes No

Have you ever been arrested, ticketed, or fined? Please explain any. _____

Work Information

Current Employer: _____

Employer Address: _____

Employer Phone Number: _____

Your position/title/duties at your job? _____

Supervisor's Name/Title: _____

Can we contact your employer? Yes No If yes, number to contact: _____

How many hours a week do you work? _____

Please list any sports or school activities you are involved in: _____

References

We would like to call at least 2 references who are not related to you and have a good knowledge of your abilities to be a cadet firefighter.

Friend, Co-Worker

Name: _____

Contact Phone Number: _____

Best time to contact: _____

Teacher, School Official, Religious Leader

Name: _____

Contact Number: _____ Best time to contact: _____

I do hereby promise to adhere to and abide to the rules and regulations of the Mattawan Fire Department and the Cadet Program. I understand that I am not to show up to any fire department function under the influence of drugs and alcohol. I agree to abide by all traffic laws when responding to an emergency call. I understand that it is the right of the Mattawan Fire Department to terminate the Cadet Firefighter Program at any time for any reason. At any time I am voluntary or involuntary terminated from the program; I will return all equipment in a timely manner.

Cadet Applicant Signature (Print and Sign)

Date

Parental Consent

My son/daughter _____ has my permission to be a member of the Mattawan Fire Department Cadet Firefighter Program. I give my consent and do not hold the Mattawan Fire Department responsible for any actions caused by my son/daughter that is not under the direction of the Mattawan Fire Department.

I and my son/daughter have read all of the Cadet regulations and understand all the regulations that apply to the Cadet Firefighter Program. I and my son/daughter understand that Cadets are to follow all instructions from members of the Mattawan Fire Department and that the general standard of conduct is to act in the manner of a professional. I and my son/daughter understand that he/she is expected to be courteous and respectful to other cadets and firefighters and to the citizens as they are representing the Mattawan Fire Department. I and my son/daughter understand the zero tolerance policy regarding drug and alcohol use. I give permission to the Mattawan Fire Department to drug test my son/daughter if needed and to conduct any background checks required for this application. I and my son/daughter understand that signing this application we are declaring that any violations of the guidelines are grounds for immediate dismissal. I and my son/daughter understand that any acts that violate the guidelines and are illegal by state law will be referred to local law enforcement.

X _____
Parent or Legal Guardian Print and Sign Date

Fire Department Witness Date