



MATTAWAN FIRE DEPARTMENT CADET FIREFIGHTER APPLICATION

Date: _____

Applicant's Name: _____

Date of Birth: ____/____/____

Driver's License Number: _____

Shirt Size: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Information

Father's Name: _____

Mother's Name: _____

Phone Number: _____

Phone Number: _____

Other Guardian Name: _____ Phone Number: _____

Emergency Contact (If different than parents or guardian)

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 other 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 Wednesday's at 6:00 p.m.? 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 two references who are not related to you and have a good knowledge of your abilities to be a cadet firefighter.

Friend or Co-Worker

Name: _____

Contact Phone Number: _____

Best time to contact: _____

Teacher, School Official, or Supervisor

Name: _____

Contact Number: _____

Best time to contact: _____

Cadet Signature

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.

Print: _____ Sign: _____ / /

Cadet Applicant Signature (Print and Sign)

Date

