



Seal Rock Fire District Recruit Application

Date: _____

APPLICANTS FULL NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

Home Phone: _____ Message/Cell Phone _____

Email: _____ Date of birth: _____

ODL: _____ Exp date: _____

EDUCATION

High School _____ Graduated: Yes ___ NO ___

College: _____ Completed: 1/2/3/4 Years

Specialized Training: _____

Employment:

Current employer: _____ Position: _____

Full or Part Time _____

Contact: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

State any additional information you feel may be helpful to us in considering your application for firefighter.

I affirm that my answers are true and correct and I have signed the release/waiver form.

Signature of Applicant: _____