

# BURKBURNETT FIRE DEPARTMENT

100 TOMMY THORNTON WAY  
 BURKBURNETT, TEXAS 76354  
 WWW.BURKFIRE.ORG



DATE:

APPLICANT INFORMATION										
Last Name					First				M.I.	SSN
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Position Applied for	<input type="checkbox"/> Firefighter		<input type="checkbox"/> Associate Member							
Are you at least the age of 21?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date of Birth?							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Driver License Number					Class				State	

EDUCATION									
High School					Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma/GED				
College					Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES									
<i>Please list three references. (Not to include previous employers or relatives)</i>									
Full Name									
Phone					Relationship				
Full Name									
Phone					Relationship				
Full Name									
Phone					Relationship				

<b>PREVIOUS EMPLOYMENT (PLEASE INCLUDE PAST VOLUNTEER FIRE SERVICE)</b>									
Company						Phone		( )	
Address						Supervisor			
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Company						Phone		( )	
Address						Supervisor			
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Company						Phone		( )	
Address						Supervisor			
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

<b>MILITARY SERVICE</b>			
Branch			<input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED
Years of Service			

<b>FIRE RELATED TRAINING/EXPERIENCE/CERTIFICATION</b>

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date