

# Hillsville Volunteer Fire Department Cadet Application

Please type or print information.

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

911 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Parents name(s) \_\_\_\_\_

Are you in school? If so, where: \_\_\_\_\_  
(School may be contacted to verify grades, attendance, etc...)

Are you employed? If so, where: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor, or traffic violation? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A Virginia State Police back ground check will be done on all applicants.)

What is the distance from your house to the closest fire house? (One way) \_\_\_\_\_

Have you ever been a member of any other fire department or rescue squad? \_\_\_\_\_ If yes, you will need a letter of recommendation from that department.

Do you have any physical conditions that could keep you from doing your duties as a firefighter? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Firefighter training or related experience: \_\_\_\_\_

List 3 Character References (Non-Relative or fire department member)

1) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
2) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
3) Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Years Acquainted \_\_\_\_\_

In case of emergency, contact: Name: \_\_\_\_\_ Relation \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

List any allergies (bee stings, medications, food, etc....) \_\_\_\_\_

**I authorize a check of my criminal and driving record. I understand that this information is for department use only and is not an automatic bar to membership.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify that all information on this application is true and correct, to the best of my knowledge. I am aware the submitting false information is grounds from dismissal of this application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Department use only:

Criminal/Traffic check: \_\_\_\_\_

Reference check: \_\_\_\_\_

Cadet Senior Advisor Signature: \_\_\_\_\_

Approve: \_\_\_\_\_

Deny: \_\_\_\_\_