

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: _____

Department use only:

Criminal/Traffic check: _____

Reference check: _____

Cadet Senior Advisor Signature: _____

Approve: _____

Deny: _____