



# Clarinda Fire & Rescue

15<sup>th</sup>. & Stuart Clarinda, IA. 51632

712-542-5210 or 712-542-2194

**Roger Williams Fire Chief**

**Please Print**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:#** \_\_\_\_\_ **DO YOU OWN A CAR OR PICKUP?** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**WILL EMPLOYER RELEASE YOU TO RESPOND TO INCIDENTS DURING WORK?** \_\_\_\_\_

**IF ABOVE IS ANSWERED NO, WILL YOU BE RELEASED ON SECOND ALARMS?** \_\_\_\_\_

**WHAT EXPERIENCE WILL YOU BRING TO OUR DEPARTMENT?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY THIS APPLICATION I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF CLARINDA FIRE & RESCUE INCLUDING RESPONSE TO INCEDENTS AND ATTENDANCE AT TRAINING SESSIONS. I ALSO AGREE TO SUBMIT TO A PHYSICAL EXAMINATION AS REQUIRED BY THE DEPARTMENT. IN REGARD TO MY POSSIBLE APPOINTMENT TO CLARINDA FIRE & RESCUR, I AUTHORIZE THE CITY MANAGER OF THE CITY OF CLARINDA TO INNVESTAGATE MY PAST DRIVING RECORDS THROUGH THE APPROPRIATE LAW ENFORCEMENT AGENCIES.**

**I ALSO GIVE THE FOLLOWING REFERENCES:**

**EMPLOYER** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**PERSONAL:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**PERSONAL:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_