



# Clarinda Fire Department Application

## Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Minimum age is 18)

Address: \_\_\_\_\_ Years lived in Clarinda: \_\_\_\_\_  
 (Minimum 1 year of residence)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Married: Y N Children, Ages: \_\_\_\_\_

Do you have any medical conditions that could limit your duties as a member? Y N

If yes, Explain: \_\_\_\_\_

Have you ever been convicted of a felony, serious misdemeanor or OWI: Y N

If yes, Explain: \_\_\_\_\_

## Employer Information:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Will Employer release you for calls? Y N

Released for second alarms? Y N

## General Information:

Please Note: Answering no to any of the following questions will NOT exclude your application from being considered for approval.

Can you attend Meetings/Training (1<sup>st</sup> and 3<sup>rd</sup> Mondays 7p.m.) Y N

Hours you can respond to calls: Days: Y N Evenings: Y N Nights: Y N

Will you climb ladders up to 75ft. Y N

Can you drive a Manual Transmission:            Y     N  
Do you have reliable transportation:            Y     N  
Do you have Auto Insurance:                    Y     N  
Will you wear an SCBA:                         Y     N  
(Self Contained Breathing Apparatus)

List experience or skills you have that you can use as a member of CFD.

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Why do you want to join the Clarinda Fire Department?

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**References:** Please List 3 references we can contact.

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**Driving Record:**

A copy of your driving record must accompany this application. Driving records can be obtained from the Clarinda Safety Center at 200 S. 15<sup>th</sup> Street. There is a \$10 charge for the record.

Mail completed application and driving record to:

Clarinda Fire Department  
200 S. 15<sup>th</sup>  
Clarinda, IA  
51632