Office use only
Date of Application
Crew assigned to



Coeur d'Alene Fire Department

Application for Fire Cadet

General Inform	ation:			
Legal Name	Last	First		M.I.
	Last	FIISt		IVI.1.
Home Address	Number & Street	(City, State	Zip
Home Phone	Work Phone_		Cell Phone	
EMAIL		(Current Grade	
Date of Birth	Age	_ Place of Birth		
Drivers License	: #	_ Social Security	#	
Height	Weight	_ Eye Color	Hair Color	
Family Informa	tion:			
Mothers Name_		Fathers Nam	e	
Legal Guardian	(If other than parents)			
Brother (s)		_ Sister (s)		
List names and	phone numbers of 3 perso	ns to be contacted	in case of an en	nergency
Name	Phone			Relationship
Name	Phone			Relationship
Name	Phone			Relationship

Health Record:		
	nd injuries in the last 5 years:	
Do you have any allerg	ies to medications? Yes No	If yes list all medications.
Are you taking any med	dications on a regular basis? Yes why	No If yes list all
obtaining employment	ou ever had any injury or illness which or participating on any High School a	athletic team? Yes No
	ced to leave a job because of any illn No If yes, explain	
•	ou ever worn corrective lenses? Yes_to wear corrective lenses to correct your sician Information:	
Name	Phone	City

Education Record: Elementary School Name City State Junior High School Name City State **High School** Name City State What is your current Grade Point Average through your last report card? ______ Have you ever been expelled or suspended from any school in the last 3 years? Yes_____ No____ If yes, explain _____ Have you ever been placed on an Academic Achievement list in the last 3 years? Yes ____ No____ Employment Record: Begin with the present or most recent position and list your complete work history for the last 2 years. Include self-employment, part-time, volunteer work and all periods of unemployment. Date of Employment: From to Name of employer _____ Address Job title and duties Date of Employment: From to Name of employer _____ Address Job title and duties Date of Employment: ____ From to Name of employer Address Job title and duties

Education and Employment History:

Personal references: (other than previous	ous employers and family members)

Addragg	
Address	Phone
Years Known	Relationship
Name	Occupation
	Phone
	Relationship
Name	Occupation
Address	Phone
	Relationship
•	ing you present or any other employer? Yes No
•	the Coeur d'Alene Fire Department, list their name (s) any
•	yee of the City of Coeur d'Alene? YesNoip, and department
Have you ever been repriman	ded, suspended, discharged, been asked to leave a job, or
	No If yes, explain
resigned under pressure? Yes	

Driving and Conviction record:

Have you ever been the operator of a motor vehicle, or have you been involved in an accident which resulted in injury or death to a passenger or pedestrian, or in property damage in excess of \$250? Yes No If yes, state where and when, and explain the incident in detail and indicate how the case was resolved. Explain each separate incident in detail. (If more space is needed, use the back of this page or add an attached sheet)
Have you ever had your license suspended, canceled or revoked? Yes No If yes, explain each separate incident in detail
List all driving citations you have received for which you were found guilty.
Do you currently have any limitations or restrictions on your drivers' license? Yes No If yes, explain
What class drivers' license do you currently have? Circle one: A B C D Expiration date:
Are you currently carrying insurance on your personal vehicle? Yes No Carrier name
Have you ever been charged or convicted of a crime for which you were subject to incarceration and or fined? Yes No If yes, explain in detail each incident.

Miscellaneous information:
How did you hear about the Fire Cadet Program?
Do you have an interest in the Fire Service as a possible career choice?
Do you have any special training, experience, skill, ability or trade which you think would be of value to your position as a Fire Cadet?
Have you ever or are you currently participating in team sports at the High School level?
What community interests do you have (organizations, business or personal)?
Will you be participating in any school sport or extracurricular activities in the following school year?
Indicate times and days of the week you would not normally be available for your Cadet duties.
Have you discussed the position and duties of Fire Cadet with your parents or guardians? Yes No Did they have any concerns you were not able to answer for them? If so, list them
I hereby attest that all statements made in the questionnaire and any attachments are true and complete as far as I can determine, and I understand that any misinformation or false statements may subject me to disqualification or dismissal.
Signature Date
This is not a school-sponsored event, student is to provide his/her own insurance