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.
Home Address			
	Number & Street	City, State	Zip
Home Phone	Work Phone_	Cell Pho	one
EMAIL		Current Gr	ade
Date of Birth	Age	Place of Birth	
Drivers License	e#	_ Social Security #	
Height	Weight	Eye Color Hair	Color
Family Informa	ution:		
Mothers Name		Fathers Name	
Legal Guardian	(If other than parents)		
Brother (s)		_ Sister (s)	
List names and	phone numbers of 3 person	ns to be contacted in case of	f an emergency
Name	Phone		Relationship
Name	Phone		Relationship
Name	Phone		Relationshin

Health Record:		
-	'and injuries in the last 5 years:	
	ergies to medications? Yes No	
	nedications on a regular basis? Yes on why	·
obtaining employmen	you ever had any injury or illness which	athletic team? Yes No
	forced to leave a job because of any illns No If yes, explain	
_	e you ever worn corrective lenses? Yes_ed to wear corrective lenses to correct yo	
	Physician Information:	
Name	Phone	City

Education Record: Elementary School _ Name City State Junior High School City Name 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: __ to Name of employer _____ Address Job title and duties _____ Date of Employment: ____ 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:

NameOccupation	
Years Known Relationship Name Occupation Address Phone Years Known Relationship Name Occupation Address Phone Years Known Relationship Do you object to us interviewing you present or any other employer? Yes No	
AddressPhone	
AddressPhone	
Years Known Relationship Name Occupation Address Phone Years Known Relationship Do you object to us interviewing you present or any other employer? Yes No	
NameOccupationAddressPhone	
AddressPhone	
Years KnownRelationship Do you object to us interviewing you present or any other employer? Yes No	
Do you object to us interviewing you present or any other employer? Yes No_	
11 yes, explain	
If you know any members of the Coeur d'Alene Fire Department, list their name (s) your relationship to them.	ıny
Are you related to any employee of the City of Coeur d'Alene? YesNo If yes, give names, relationship, and department	
Have you ever been reprimanded, suspended, discharged, been asked to leave a job, resigned under pressure? Yes No If yes, explain	
Is your employer aware of your interest in becoming a Fire Cadet Yes No	
Is there a possibility of conflict between working hours in your employment and you duties as a Cadet if hired? Yes No If yes, explain	

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

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