



# STANDARD OPERATING GUIDELINES

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## CVR Fire Department Firefighter Application

SOG#	Revised: November 25, 2021	Effective: November 25, 2021
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### Membership Information

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_

Do you have physical or medical conditions that would prevent you from firefighting duties? YES NO

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

Class of Drivers License: \_\_\_\_\_

Previous Firefighter experience? \_\_\_\_\_

Have you ever been convicted and/or have a criminal record? YES NO

I accept the fact that a criminal record check and driver's abstract may be requested.

Initial: \_\_\_\_\_

Signature:

Date:

The personal information on this form is collected under the FOIP act, Sec. 33 C and will be used only for the purpose of the County Fire files.

