

What is your highest level of education? _____

References: Must **NOT** be a relative or MPFD member.

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

MPFD has a wide variety of areas for service in the Department. MPFD recognizes that there are some people who want to perform all functions of the Department and others who only want to perform support and peripheral functions. Please check the area/areas that you would like to perform and have training in or would like to receive the training necessary for the job.

FIREFIGHTER/RESCUE PERSONNEL

- ___ STRUCTURE/RESCUE
- ___ GROUND COVER
- ___ HAZ-MAT
- ___ VEHICLE RESCUE
- ___ ROPE RESCUE
- ___ CONFINED SPACE RESCUE
- ___ SCUBA DIVER

DRIVER/OPERATOR

- ___ GROUND COVER TRUCK
- ___ FIRE PLOW/TRUCK
- ___ TANKER DRIVER
- ___ RESCUE 2 DRIVER
- ___ MAC-1 & LADIES AUX.

SUPPORT PERSONNEL

- ___ PERSONNEL ACCOUNTABILITY
- ___ AIR SUPPLY
- ___ LIGHTING AND POWER
- ___ LANDING ZONE
- ___ COMMUNICATION

I understand that I must pass a physical examination and a drug screen given by a doctor. A Physical Performance Assessment must also be passed for persons to become structural/vehicle firefighters and/or vehicle rescue personnel.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for appointment as may be necessary in arriving at an appointment decision. The applicant understands that neither this document nor any offer of appointment from the Department constitutes an employment contract. In the event of appointment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Department.

Signature

Date

Authorization for drivers license and criminal history check.

I _____ authorize the Mt. Pleasant Fire Department to check my drivers license record and criminal history.

Signature

Date

Complete Name: _____
 FIRST MIDDLE LAST

Drivers License #: _____

State: _____ Date of Birth: _____

Circle One: CDL NON-CDL

Circle One Class: A B C

Endorsement: _____

Restrictions: _____