



Shiloh Volunteer Fire Department

2489 Main Street, Shiloh
Rainsville, AL 35986
256-623-1094



Firefighter Application

Name: _____
Last First Middle Preferred Name

Street Address: _____ City: _____ Zip: _____

DOB: _____ Age: _____ SSN: _____ Driver's License #: _____ Class: _____

Expiration: _____ Endorsements: _____ Restrictions: _____

Home Phone Number: _____ Cell Phone Number: _____ Can you receive text? Y or N

Work Phone Number: _____ Employers Name: _____

Email Address: _____

Time most available for calls? Day _____ Evening _____ Night _____ Weekdays _____ Weekends _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you had any traffic tickets in the last five years? Yes _____ No _____

Have you had a wreck in the last five years? Yes _____ No _____

Do you have any physical, medical, or mental impairments

Or disabilities, that would limit your firefighting performance? Yes _____ No _____

If yes was answered to any of these questions please explain below?

List any previous firefighting experiences, and department name?

List name, address, and phone number of three (3) personal references.

May we contact your references? Yes _____ No _____

Please attach a copy of any certificates you have achieved and return with the application.

For Fire Chief:

Remarks: _____

Accepted for membership: Yes _____ No _____ Date: _____ Signature: _____