SLVFD Application

To be reviewed every 2 years.

_____
Badge ID
(Assigned by Chief)

Name _____
Last First MI

Address _____
Street Address and/or PO Box

_____ _____ _____
City State Zip

_____ _____
SSN (used for insurance and W-9) Birthdate

Driving

_____ _____ _____ _____
Driver's License # State Expiration Class (A,B,C)

Has your license been revoked or suspended for any reason in the last 5 years? **Y / N**

If "Yes", explain: _____

Your Auto Insurance	Policy Number

Email			
Telephone	Home	Mobile	Mobile Provider

Occupation

Have you had any previous Firefighter Experience?	**Y / N**
Do you have a current CPR Card?	**Y / N**
Do you have a current EMT or EMR cert?	**Y / N**

Have you ever been convicted of a felony	**Y / N**

I hereby certify that I have personal automobile insurance as required by California Law, and that all information provided above is correct:

Applicant Signature _____ Date _____

SLVFD Officer Signature _____ Date _____

Form #	SLVFD-6a
Effective	September 2013
Updated	February 2023