

**Granville Hennepin Fire Protection District
Application**

.....Granville Fire Dept

Hennepin Fire Dept

NAME: _____
(Last) (First) (Middle Initial)

ADDRESS: _____
(Street/P.O. Box) (City) (Zip Code)

TELEPHONE: _____
(Home) (Work) (Cell)

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

EMAIL ADDRESS: _____

DRIVERS LICENSE NUMBER: _____ **CLASS:** _____

LEVEL OF EDUCATION: _____ **GRADUATE?** _____

EMPLOYER: _____

ANY MEDICAL PROBLEMS? YES _____ **NO** _____ **IF YES, EXPLAIN** _____

LIST ANY FIRE TRAINING YOU HAVE HAD: _____

REFERENCES:

1. _____

2. _____

3. _____
(Name) (Address) (Telephone)

FIRE CHIEF SIGNATURE: _____

Two (2) Department Members: _____

I certify that I am a resident of Putnam County, hold a valid driver's license and am physically capable of performing the duties of Fire Fighter.

APPLICANT SIGNATURE: _____ **Date** _____

Approved by the Granville Hennepin FPD on _____
(Date) (Signature)

Please mail completed application form to: Granville Hennepin Fire Prot. Dist. P.O. Box 665, Granville, IL 61326
email Granvillefiredept@mchsi.com