

Kirtland Fire Department
Supplemental Employment Application Information
(please print clearly)

Cell Phone No & Carrier.(including area code):() _____

Pager Phone Number (if applicable): _____

E-Mail Address(s): _____

Emergency Contact Name: _____ Relationship: _____

E.R. Contact Home/Cell/Work Phone No.:() _____

Lake Hospital System On-Line No.: _____

Please submit the following with your completed employment application:

- Copy of **current** driver's license.
- Copy of High School and/or College Diploma.
- Copy of **current** EMT, Intermediate, Medic card(s), and related card(s) (E.g.-ACLS, BLS etc.).
- Copy of all fire/EMS training or related certificates.
- Copy of military discharge papers-Form DD214, (if applicable).

Have you ever been convicted of *any* traffic violations within the last 3 years? If yes, please list below:

I hereby give the City of Kirtland and the Kirtland Fire Department permission to conduct a complete background investigation on me. One of the purposes of this form is to give full permission to the City of Kirtland and the City of Kirtland Fire Department or its designated agents retained for the purposes of conducting the investigation, full authority to conduct this investigation.

In order to facilitate said investigation, I, further, authorize and direct all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, juvenile or otherwise, military services, or others, to whom this authorization is presented to release to the City of Kirtland and/or the City of Kirtland Fire Department, information and such copies of same as may be requested, they may have about me, and do hereby release any of the aforesaid of and from any liability, whatsoever, to me for so doing.

Printed Name

Signature/Date