



City of Trenton Department of Public Safety
(Fire Division)

112 NE 1st Avenue
Trenton, FL 32693
(352) 463-4010 (Office)
(352) 463-4017 (Fax)

PERSONAL INFO

Name:
(Last, First Middle Initial)

Date of Birth:

Address:

Phone Number:

City: Zip Code:

Alt. Phone Number:

Driver's License Number:

State of Issuance:

Email Address:

What position are you applying for? Staffing Volunteer

Why would you like to become a member with the Trenton Department of Public Safety?

What is your availability to respond to calls or shift work? Please only check the box in the days you are available.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available - <input type="checkbox"/>	Available - <input type="checkbox"/>	Available - <input type="checkbox"/>	Available - <input type="checkbox"/>	Available - <input type="checkbox"/>	Available - <input type="checkbox"/>	Available - <input type="checkbox"/>

GENERAL QUESTIONS & PERSONAL HISTORY

Have you ever been convicted of a crime? Yes No
If yes, please explain.

List all vehicles that you are qualified through experience to operate (light / heavy truck, heavy machinery, passenger cars, etc.).

WORK HISTORY & JOB-RELATED EXPERIENCE

Current Employer:

Supervisor's Name:

Phone Number:

Current Position:

Date started:

Do you have any related experience working as a firefighter, EMT or Paramedic? If yes, please list each and include length of time.

List the various assignments and duties you performed as a firefighter, EMT or Paramedic.

List all Firefighter, EMT or Paramedic certifications and specialized courses you have completed.

EDUCATION

High School attended:

Did you graduate?

Yes

No

Did you receive a high school diploma or GED?

Diploma

GED

Year:

Did you or are you attending college?

Yes

No

Did you graduate?

Yes

No

Year graduated if applicable:

Please list your degree(s):

MILITARY

Did you serve in the Armed Forces?

Yes

No

If yes, did you receive an honorable discharge?

Yes

No

LIST FOUR REFERENCES

Name	Address	Phone #	Years acquainted

NOTICE TO APPLICANT

- *The completion of this application does not indicate that there are vacant positions with the Trenton Department of Public Safety (Fire Division) and in no way obligates this department or the City of Trenton.*
- *I understand that if I am offered membership/employment in the Trenton Department of Public Safety (Fire Division), such membership/employment is contingent upon my supplying the proper identification and authorization documents to be reviewed.*
- *I hereby authorize the Trenton Department of Public Safety and the City of Trenton to conduct a personal background investigation including schools attended, former and present employers, residences, named references, criminal and motor vehicle records in connection with my application and also authorize them to do so at any time during my membership with the department.*
- *I further understand that misrepresentation or omission of facts called for in the application process is cause for lack of acceptance or dismissal. Further I understand and agree that membership/employment is for no definite period and may be terminated at the City's discretion at any time. I understand that I do not have a contract of employment and no one is authorized to make such promise.*

Applicant's Signature _____

Date: