

Wellsville City Volunteer Fire Department
P.O. Box 114
Wellsville City, Utah 84339

Volunteer Firefighter Application Form

Full Name _____ Date of Birth _____
Are you at least 18 years old? ☐ YES ☐ NO
Drivers License # _____ State: _____ Last 4 of SSN: _____

Physical Address: _____

Mailing Address: _____

Are you a Wellsville resident ☐ YES ☐ NO

City _____

Phone: _____ Work: _____

Home: _____

Cell: _____

Fire/Rescue Experience Dept: _____ Years _____

☐ Fire 1 ☐ Fire 2 ☐ Hazmat Op ☐ Wildland Fire ☐ EMT ☐ Paramedic

Do you have a CDL# ☐

List all other relevant training _____

Do you have any medical conditions that would prevent you from doing the physically demanding work
of a firefighter? ☐ YES ☐ NO

Have you had a physical exam in the last two years? ☐ YES ☐ NO

List any allergies: _____

What hours would you be available? _____

Have you been convicted of a Misdemeanor and/or Felony? ☐ YES ☐ NO

If yes, Explain: _____

I hereby certify that the information contained in this application (and accompanying resume, if any)
is correct and I have not omitted any information. I understand that falsification or omission of information
may disqualify me from further consideration for employment or result in immediate dismissal if discovered
at a later date.

Signature

Date

On back please explain why you would like to be a volunteer firefighter

WELLSVILLE FIRE