

GRATTAN TOWNSHIP FIRE DEPARTMENT PERSONNEL DATA

Name _____, _____, _____
 (Last) (First) (MI)

Drivers License Number _____ - _____ - _____ State _____

Address _____
 (Street)
_____ _____ _____
 (City) (State) (Zip)

Phone _____ Home _____ Cell _____

Hours Available for Fire Department Activities:

Are you permitted to leave work for Fire Department Activities? _____

Do you currently have any condition(s) that prohibit or restrict your ability to perform Fire/Rescue activities? _____

List any previous firefighting or medical training: _____

References: (Non-family related)

Name _____	Name _____
Address _____	Address _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Name _____	Name _____
Address _____	Address _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Applicant Signature _____

<p><i>Office Use Only</i></p> <p>Received _____ Review Committee Meeting _____ (Date)</p>
