



Are You willing To Take The State Required Fire Training Course? Yes \_\_\_\_\_ No \_\_\_\_\_

Will You Attend The Monthly Fire Department Meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

Will You Attend The Monthly Training Sessions and Bi-weekly Work Sessions

Organized By The Department? Yes \_\_\_\_\_ No \_\_\_\_\_

List Three References (include name, address and telephone number):

1.) \_\_\_\_\_  
\_\_\_\_\_

2.) \_\_\_\_\_  
\_\_\_\_\_

3.) \_\_\_\_\_  
\_\_\_\_\_

How Can You Benefit The Fire Department, If You Are Accepted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Authorize The Atlas Township Fire Department To Have My Employment Records,  
Both Past And Present.

Signature: \_\_\_\_\_  
(Date)