

**CITY OF SLATER, IOWA
APPLICATION FORM FOR FIRE DEPARTMENT**

Please Return To:
Slater City Hall
101 Story Street
Phone: (515)685-2531

Application for: Slater Fire Department

Name _____

Address _____

Phone Number _____ **Cell Phone** _____

Business Phone _____ **Email** _____

This form assists the Fire Department in evaluating the qualifications of applicants.

Please list your place of employment/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this:

What is your work schedule:

Please describe why you are interested in serving on the Fire Department:

Have you been on a Fire Department before? If so, please list where, Chief's name and phone number and provide copies of Training Certificates:

Include any other information that supports your interest:

What contributions do you feel you can make:

Please provide two references who may be contacted on your qualifications for this appointment.

Name	Address	Phone	Email	Relationship

Have you ever been convicted of a felony? If so, please provide County/State and Date

- Yes
- No

This application is a public document and as such can be viewed, reproduced or distributed to the public. At this time no one under the age of 18 can be on the Fire Department.

I certify that there is nothing that would prohibit me from serving on the Fire Department.

Signature _____ Date _____