



# CADET PROGRAM APPLICATION



AGES 16 – 19 AT TIME OF HIRE

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_

CITY & ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.S. #: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ MOTHERS NAME: \_\_\_\_\_

NAME OF SCHOOL ATTENDING: \_\_\_\_\_

CURRENT GRADE POINT AVERAGE: \_\_\_\_\_

IVVC FIREFIGHTING CLASSES: YES / NO      HOW MANY YEARS IN IVVC: 1<sup>ST</sup> YEAR 2<sup>ND</sup> YEAR

ANY ADDITIONAL FIRE OR EMS CLASSES ATTENDED: \_\_\_\_\_

SPORTS CURRENTLY PARTICIPATING IN: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_

SUPERVISORS TELEPHONE #: \_\_\_\_\_

MAY WE CONTACT YOUR EMPLOYER IF NECESSARY? \_\_\_\_\_

LIST 3 REFERENCES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_