



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: 1ST YEAR 2ND 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: _____