

# Scott County Area Fire or Ambulance Services

## Volunteer Application

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future up grading.

<b>PERSONAL</b>
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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. \_\_\_\_\_ DOB \_\_\_\_\_

List any other experiences, skills, or qualifications that you feel would especially fit you for work with our organization.

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<b>RECORD OF EDUCATION</b>
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School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma/Degree
Elementary		Not Applicable	5 6 7 8	Yes/No	Not Applicable
High			1 2 3 4	Yes/No	
College			1 2 3 4	Yes/No	
Other (Specify)			1 2 3 4	Yes/No	

**PRESENT and PAST EMPLOYMENT**

Name and Address of Company \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date Worked: From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Type of Business: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name and Address of Company \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date Worked: From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ To Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

Type of Business: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

