

## WILTON FIRE DEPARTMENT APPLICATION FORM

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT EMPLOYMENT: \_\_\_\_\_

HAVE YOU --

Operated a motor vehicle while intoxicated in the last 12 years?	YES	NO
Been arrested OR convicted of a felony?	YES	NO
Been convicted of theft?	YES	NO
Been convicted of any violent crimes?	YES	NO
Been convicted of any crimes sexual in nature?	YES	NO
Been fired from a previous employer?	YES	NO
Been injured on the job?	YES	NO
Had past medical experience?	YES	NO
Had past fire fighting experience?	YES	NO
Obtained a high school diploma or GED?	YES	NO

Are you under a doctor's care for any medical condition that might affect your duties or performance? YES NO

*\*\*If you answered yes to any of the above questions, please explain on an extra sheet of paper*

ARE YOU --

18 years of age or older?	YES	NO
A citizen of the United States?	YES	NO
A person of good moral character?	YES	NO
Addicted to drugs or alcohol?	YES	NO
Willing to consent to a random drug or blood alcohol test?	YES	NO
Willing to respond to emergencies and disasters involving people you may know and/or in inclement weather conditions?	YES	NO

If accepted to the Wilton Fire Department I agree to:

1. Give 30 days notice before leaving the service
2. Follow rules set by the fire board and the association
3. Conduct self in a professional manner at all times, on or off duty
4. Random drug or alcohol test while on duty or related to an on duty incident
5. Find my own replacement in the event I cannot hold my shift

I understand the questions and have filled out this form to the best of my ability. I grant permission to have the following agencies contacted to release confidential information if necessary... Insurance company, Doctors office, Sheriff's Office, Credit Bureau, or employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF WILTON  
AUTHORIZATION FORM  
DRIVING RECORD**

I authorize the City of Wilton to obtain my motor vehicle driving record no less than annually. I understand this is a requirement for use of private and city-owned transportation to fulfill the job requirements of employment by the city.

Do you possess a valid Iowa driver's license? YES NO

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

DL Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_