KNOLLWOOD FIRE DEPARTMENT

Rockland Fire Protection District

PRELIMINARY FIREFIGHTER APPLICATION

1. Name: _____
   Last First Middle

2. List any other names you have used or been known by (include maiden name):
   _____

3. Address: _____
   Number & Street City State Zip

4. Home Phone No. (_____)_____

5. Business Phone No. (_____)_____

6. Date of Birth: _____

7. Driver's License State: _____

   Driver's License No. _____ Class _____

8. Social Security No. _____

9. U.S. Citizen? Yes _____ No _____
   If no, are you an alien with evidence of intention to become a U.S. Citizen?

   Yes _____ No _____

10. Do you live within three miles of the Knollwood Fire Station?

    Yes _____ No _____

11. Do you have previous firefighting experience or hold any education relevant to firefighting?

    Yes _____ No _____

    If Yes, explain _____

    _____

    _____