

EMERGENCY FIRE SUPPORT

Name: _____

Date of Birth: _____

Phone #: _____

Night Phone #: _____

Mailing Address: _____

Drivers License #: _____

License Class: _____

Email: _____

Notify in Case of Emergency:

Are you Related to a Current

Name: _____

BLM Employee? Y N

Address: _____

Name: _____

Relationship: _____

Phone #: _____

Please Circle the Types of Assignments you are Interested in:

Firefighter

Dispatch

Warehouse

Fire Admin

Other

(Certification Req'd)

Dispatch recorder

Laborer

Fire Clerk

Hand Crew

Engine Foreman

IA Dispatcher

Whs. Worker

Time Keeper

Engine Crewman

Log Dispatcher

Driver*

*Must have a current drivers license with no DUI convictions

**All Driving Positions Require a Defensive Driving Certification from the Following website:

<http://www.firstnetlearning.com/offerings/NVBLM/>

Experience/Skills/Training (Please list only those that apply to selected assignment types)

I certify that the information given is true. I understand that any misrepresentation may be grounds for termination of employment

Signature: _____

Date: _____