

ALFALFA FIRE DEPARTMENT

Seasonal Firefighter Employment Application



INSTRUCTIONS: Print clearly in ink. Complete all sections.

1. Personal Information

Field	Enter Information
Full Name	_____
Address	_____
City/State/ZIP	_____
Phone Number	_____
Email	_____

2. Certifications & Qualifications

DPSST Number (if applicable): _____

List All Current Certifications

3. Work / Fire Experience

Employer / Agency	Start (MM/YY)	End (MM/YY)
	_____	_____
	_____	_____

4. References

Name	Contact Info
_____	_____
_____	_____

5. Applicant Statement

I certify that all information provided is true and complete.

Signature: _____ Date: _____

Submission Requirements: Please attach a cover letter and resume and submit this application via email to Operations Chief Parvin by April 30th at 5:00 PM.

Contact: Operations Chief Parvin | kparvin@afdist.org | 971-209-5364