



BAKER CITY FIRE DEPARTMENT

P.O. Box 650, Baker City, OR 97814-0650

541-523-3711 Voice/TDD

www.bakercity.com

Baker City Fire Cadet Application

Personal Information

Applicant: _____			
Last	First	Middle	
Applying for: _____		Date: _____	
Mailing Address: _____			
Street / PO Box	City	State	Zip

Work Experience

If none place N/A in the Employer box leave all other information blank

Employer #1	Location	Phone Number
Your Title or Position Held:		Supervisor's Name:
List of Duties		
Currently Employed: Y N	Hours Worked per Week:	
Employer #2	Location	Phone Number
Your Title or Position Held:		Supervisor's Name:
List of Duties		
Currently Employed: Y N	Hours Worked per Week:	



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Education – Certifications – Skills

School	Name and Location	Enrollment Year	GPA	Credits Completed
High School				
College				

Extra Curriculars

Program (Sports, Student Council, etc.)	Years of Participation and Position	Skills Learned (List)

List any special training courses or skills you possess:



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References

Name	Address (City, State)	Occupation	Contact Information

Parental Information

1. Do you have permission to apply to be a Cadet Firefighter? Yes No

Parent / Guardian Name: _____ Relation: _____

Contact Number (Phone): _____

Supplemental Questions and Information

1. Have you ever been arrested, ticketed, fined, etc.? Yes No

a. If Yes please list dates and charges

2. What interests you most about becoming involved with the Baker City Fire Department.

Notice: The Baker City Fire Department retains the right to decline or dismiss any applicant for any reason without appeal or grievance.

Applicant Statement: I certify the answers given herein are true and complete to the best of my knowledge.

Applicant Signature

Date

Parental Signature

Date