

Berryhill Fire Protection District

5911 West 41st Street Tulsa OK, 74107 / Station 1: (918) 446-1211 / Fax: (918) 446-2675

2021 FIREFIGHTER APPLICATION

GENERAL INFORMATION (Print Please) Name (Last) (First) (MI) Home Phone # 18 years of age / or older Address (Mailing Address) (City) (Zip) ☐ Yes ☐ No **E-Mail Address** Are you legally entitled to work in the U.S.? Yes No Have you ever been convicted of a felony or misdemeanor? Driver's License # State NO ☐ YES, please provide the disposition paperwork and explanation on a separate sheet of paper. Cell Phone # Date of Birth **Social Security Number Cell Phone Provider (For Text Pages) POSITION (As stated in Employment Advertisement)** Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? \square Yes \square No List below in your words why you are seeking an opportunity with Berryhill FPD: How did you hear about Berryhill Fire Protection District? **EDUCATION AND TRAINING** High School Graduate or General Education (GED) Test Passed? Yes No If no, list the highest grade completed Oklahoma License # - Exp. Date EMT National Registry # CPR Exp. Date **Certification Type** Exp. Date ____/_ SPECIAL SKILLS (List all skills or classes you have that pertain to the fire service)

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Name	How do you know this person?		Years Acquainted	Contact #
•				
WORK EXPERIENCE (Most Recent First)				
imployer	Telephone Number ()	-		From (Month/Year)
Address	·			
ob Title	Number Employees Superv	ised		To (Month/Year)
pecific Duties (Maximum 1000 characters)				
				Hours Per Week
				Last Salary
			-	Supervisor
Reason For Leaving		May V	Ve Contact This Emplo	oyer? Yes No
Employer	Telephone Number ()	_		From (Month/Year)
Address	, , , , , , , , , , , , , , , , , , , ,			, , ,
ob Title	Number Employees Superv	ised		To (Month/Year)
pecific Duties (Maximum 1000 characters)				
				Hours Per Week
			-	Last Salary
			-	Supervisor
Reason for Leaving		May V	 	oyer? Yes No
mployer	Telephone Number ()	_		From (Month/Year)
Address				
ob Title	Number Employees Supervised			To (Month/Year)
pecific Duties (Maximum 1000 characters)				
				Hours Per Week
			-	Last Salary
			-	Supervisor
Reason for Leaving		May V	Ve Contact This Emplo	over? Yes No
certify the information contained in this applinis organization, false statements reported or authorize investigation of all statements contoncerning my previous employment and any	n this application may be considered ained herein and the references list	d suffici	ent cause for disr	nissal. y and all informatio

Signature: _____ Date: ____