



**City of Tower**  
**Emergency Services Job Application**



The city prohibits discrimination on the basis of race, color, religion, sex, sexual orientation, marital status, status with regards to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, practices, and operations.

**Job(s) Applying for :** Fire Fighter  Fire Dept. EMR  Ambulance EMT  / EMR

**Are you currently a licensed FF, EMT, EMR ?** Yes  No

**If Yes -** MBFTE # \_\_\_\_\_  
EMRSB # \_\_\_\_\_  
National Registry # \_\_\_\_\_

**Name :** \_\_\_\_\_ **Social Security # :** \_\_\_\_\_

**Driver's License # :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

**Street Address :** \_\_\_\_\_ **PO Box :** \_\_\_\_\_

**City :** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip Code :** \_\_\_\_\_

Contact Information

**Cell # :** \_\_\_\_\_ **Work # :** \_\_\_\_\_ **Home # :** \_\_\_\_\_

**Primary E-Mail Address :** \_\_\_\_\_

**Do you have any physical restrictions :** Yes  No

If yes please explain : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing , I the applicant understand that a background check will be performed (see attached form authorization). I also certify that all information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**