

Ester Volunteer Fire Department
3570 Old Nenana Hwy
PO Box 229
Ester, AK 99725-0229



Phone 907-479-6858
Fax 907-479-9883
Chief@esterfire.org

Application for Employment

Applicant Information

Full Name: _____

Residential Address _____

Mailing Address _____

Phone: Home: _____ . Work: _____ . Cell: _____

Email: _____

Driver's License Number: _____ . State: _____ Exp. Date _____.

Education

High School Diploma: Yes [] No [] GED: Yes [] No []

College: Yes [] No [] College/University: _____

Major: _____ Degree: _____ Year: _____.

Fire/EMS Education and Training

Are you a State of Alaska Certified

Firefighter 1: Yes [] No []

Firefighter 2: Yes [] No []

Are you a State of Alaska Certified EMT? Yes [] No [] Level: _____

Do you have a current Wildland Fire Red Card? Yes [] No []

List other related certifications: _____

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Previous Work History

Dates Employed: _____
Company Name: _____
Job Title: _____

Tasks performed and reason for leaving:

Dates Employed: _____
Company Name: _____
Job Title: _____

Tasks performed and reason for leaving:

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Tasks performed and reason for leaving:

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Driving Record: Have you been convicted of a moving vehicle offense in the last 5 years: Yes [] No []
If yes, explain:

Military Record: Have you served in the Armed Forces?
Yes [] No []

Branch: _____: Discharge Date:_____

Court Record: Have you ever been convicted of a felony?
Yes [] No []

If yes, explain:

Do you have any legal action pending other than civil?
Yes [] No []

If yes, explain: