

Granger Fire Department  
1904 Main St  
Granger, IA 50109



Phone: 515-999-2210  
Fax: 515-999-2338  
Email: Grangerfire@mchsi.com

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Fill out application and return to:

**Granger Fire Department**  
**1904 Main St.**  
**Granger, IA 50109**

Date: \_\_\_\_\_

**Personal:**

Full Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of residency at current address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Military Service: Yes \_\_\_ No \_\_\_ Dates of Service: \_\_\_\_\_ Branch: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Exp: date: \_\_\_\_\_

SSN #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Glasses/Contacts: Yes \_\_\_ No \_\_\_

Do you have any social/emotional, physical, or mental disabilities?:

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

**Employment:**

Present or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact this employer?: Yes \_\_\_ No \_\_\_

Previous employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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### References:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

### Education and Training:

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Year of Graduation/GED \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Years Attended: \_\_\_\_\_ Did you graduate?: Yes \_\_\_ No \_\_\_ Year: \_\_\_\_\_

Current or previous Fire/Rescue Department Affiliation?: Yes \_\_\_ No \_\_\_

Department: \_\_\_\_\_ Membership Dates: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Chief Name: \_\_\_\_\_

List ranks as well as relevant training (attach copies of certifications)

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

CPR Certified: Yes \_\_\_ No \_\_\_ Exp Date: \_\_\_\_\_

Current EMT Certified: Yes \_\_\_ No \_\_\_ Level: \_\_\_\_\_ State Number: \_\_\_\_\_

### Miscellaneous Information:

Yes \_\_\_ No \_\_\_ Have you ever been convicted of a felony? Year: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Have you applied for the Granger Fire Department before? Date: \_\_\_\_\_

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**Drivers License Check:**

I, \_\_\_\_\_, give the Granger Police Department permission to conduct a background check on my driver's license.

Drivers License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_