

Do you have any mental or physical disabilities?

Yes / No

If "yes" explain: _____

For Department Use Only

Resides within Village or Protection District? _____ If no, give date of approval. _____

Date of Physical Exam: _____

Qualified as:

Interior Firefighter: _____ Exterior Firefighter: _____ Limited Duty: _____

Signature of Applicant: _____

Approval of Village Board of Fire Commissioners: _____

Date: _____