OKEMAH VOLUMNTEER FIRE DEPARTMENT

Date			
Nome	Address		
Date of Birth	Phone:	home	work
Drivers License Number_		Social Security #_	
Employeer	Address		
Are you available to leave	e your job to respond to fire alarr	ms?	
Normal working hours:	Do you work	within the city lim	nits of Okemah?
How long have you lived	in Okemah?		
Do you pion to continue to	o live in Okemah in the foreseea	ble future?	
Are you subject to transfe	er in your employment?		
Have you ever been conv	victed of a felony?		
List three personal refere	nces (NO RELATIVES). Includ	e phone numbers	
City and County fire alarn several evening training s	ns whenever possible. You schools throughout the year, and I be cause for termination from t	u will also be requ I equipment work s	, you will be expected to respond to all ired to attend a monthly fire meeting, sessions. Failure to attend these re you willing to spend the time necessa
IMPORTANT: On the Department.	back of this application, explain	why you wish to jo	bin the Okemah Volunteer Fire
If you are selected as a m Please complete all quest	0	n will be needed fo	or insurance and pension purposes.
Spouse's Name	Birthda	ate	Marriage Date
Children's names and birl	thdates (if under 18)		