

"Agency Name"

"Agency Information"

"Address"

"City, State Zip"

"Phone with Area Code"

"Fax with Area Code"

"Email Address"

Recruitment and/or Service Survey Form

Target:

Citizen(s) who received service from **"Agency Name"**

Candidates interested in joining the **"Agency Name"**

Submit form via:

Fax - "000-000-0000"

Email - "agency@emailaddress.com"

Complete on line - "https://www.agency.co.us.address.com"

Please share working with the **"Agency Name"** with others in your community and kindly ask them to do the same.

We encourage diversity and seek all members of our community to consider our many career paths.

Citizen Or Candidate Information

First	
Middle	
Last	
Mr. / Mrs. / Ms. / N/A	
Title	
Cell Phone	
Work Phone	
Email	

Service Information - Only If You Received Service

Date of Service	
Address	
City	
Type of Service	
Time of Service	
Station Number	

Service Information

- | | | |
|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Medical | <input type="checkbox"/> Female |
| <input type="checkbox"/> Good | <input type="checkbox"/> Fire | <input type="checkbox"/> Male |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Accident | <input type="checkbox"/> < 30 years |
| <input type="checkbox"/> Poor | <input type="checkbox"/> Other | <input type="checkbox"/> > 30 years |

Candidate Please Select All That Apply

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Fire Explorer | <input type="checkbox"/> DMV Lic |
| <input type="checkbox"/> Male | <input type="checkbox"/> Vol. F/F | <input type="checkbox"/> Felony |
| <input type="checkbox"/> Decline M/F | <input type="checkbox"/> Paid F/F | <input type="checkbox"/> DMV Points |
| <input type="checkbox"/> HS Grad | <input type="checkbox"/> EMT | <input type="checkbox"/> DUI < 5 Yrs |
| <input type="checkbox"/> GED Grad | <input type="checkbox"/> Paramedic | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Still In HS | <input type="checkbox"/> F/F I | <input type="checkbox"/> Non-Resident |
| <input type="checkbox"/> JC Grad | <input type="checkbox"/> F/F II | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Still In JC | <input type="checkbox"/> AA - Fire | <input type="checkbox"/> Black |
| <input type="checkbox"/> College Grad | <input type="checkbox"/> AS - Fire | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Still In College | <input type="checkbox"/> BS - Fire | <input type="checkbox"/> Native Amer |
| <input type="checkbox"/> Post HS | <input type="checkbox"/> AA/AS - Other | <input type="checkbox"/> White |
| <input type="checkbox"/> Military | <input type="checkbox"/> BA/BS - Other | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Post Military | <input type="checkbox"/> Ph.D. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> CPAT | <input type="checkbox"/> Decline |

Additional Information

Text Field

Submission Date and Manner

- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> In Person |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Online |

Visit www.FirefightersABCs.com for additional support tools

"Remember to update or delete all (14) underlined red text to suit your agency"