

Butler Community College Fire Department Fire Science Residency Program Application

| Last Name | First Name | | Middle Initial |
|------------------------------|------------|-------------|----------------|
| Street Address | City | State | Zip Code |
| Home Phone | Cell Phone | Email | |
| Date of Birth Place of | Birth | | |
| Driver's License Number | | State of Is | sue |
| Emergency Contact Name | | | |
| Emergency Contact Address | City | State | Zip Code |
| Emergency Contact Home Phone | Cell Phone | Email | |

| Describe your | background | of experien | ce in fire or | anv other | related field. |
|---------------|--------------|--------------|---------------|-----------|----------------|
| Describe your | Sacingiounia | or experient | | any other | related liela. |

Describe your education and/or training as it related to the field of firefighting.

List Qualities you feel you Possess that are necessary to be a successful firefighter.

| What is your declared college major? | | | | |
|---|----------|-----------|------------|--|
| Are you currently enrolled in at least 12 college credit hours at BCC? YES / NO | | | | |
| Do you possess a va | YES / NO | | | |
| Do you possess an | YES / NO | | | |
| Personal references (list two persons you have known for at least 5 years) | | | | |
| 1 | | | | |
| Nam | e Addre | ess Phone | Occupation | |
| 2 | | | | |

Address

Phone

Name

Occupation

Educational record:

| From | То | School | Location | Credentials |
|----------|------------|----------|---------------|--------------------|
| | | | | |
| | | | | |
| Employme | ent record | : | | |
| From | То | Employer | Address/Phone | Reason for leaving |
| | | | | |
| | | | | |
| | | | | |

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize Butler Community College and all participating municipal fire departments to investigate all statements contained in this application for residency, as it may be necessary in arriving at an acceptable decision.

In the event of acceptance into the residency program, I understand that false or misleading information given in my application or interview may result in immediate discharge. I understand also, that I am required to abide by all rules and regulations, and Standard Operating Guidelines/Procedures of Butler Community College and the participating municipal fire department.

Signature of Applicant

Date

Submit completed applications to: Butler Community College Fire Science Residency Program 901 S Haverhill Rd El Dorado KS 67042