

DOUGLAS COUNTY FIRE DISTRICT NO. 2

Lateral Entry Firefighter/Paramedic

APPLICATION EVALUATION INFORMATION SHEET

**ALL DOCUMENTATION MUST BE ATTACHED WITH THIS SHEET
AND MUST INCLUDE A COMPLETED APPLICATION AND RESUME**

Date: _____

Applicant Name: _____

Address: _____

Telephone Number: _____

Experience

Agency: _____ **Years: From** ___/___ **Through** ___/___
Rank: _____ mo yr mo yr

Agency: _____ **Years: From** ___/___ **Through** ___/___
Rank: _____ mo yr mo yr

Agency: _____ **Years: From** ___/___ **Through** ___/___
Rank: _____ mo yr mo yr

EMT Paramedic Certification #: _____

Issuing Agency: _____

Year Issued/Expiration Date: _____/_____
Issue Date Expiration Date

DPSST/NFPA Certifications: _____

Highest Level Education

School: _____ **Year Graduated:** _____

Degree: _____