

Cape Girardeau Fire Department
Firefighter 1&2 Class Application

NAME (Last Name, First Name, Middle Initial): _____
ADDRESS: _____
CITY _____ STATE _____ ZIP _____
TELEPHONE: _____ T-SHIRT SIZE _____
BIRTHDATE: _____ AGE: _____ LAST FOUR SSN: _____
EMAIL: _____
EMERGENCY CONTACT NAME _____ PHONE _____

ARE YOU A MEMBER OF AN EMERGENCY SERVICE ORGANIZATION?

YES ☐ NO ☐ IF YES, PLEASE FILL OUT THE FOLLOWING:

DEPARTMENT OR AGENCY _____

CHIEF OR DIRECTOR NAME: _____

AGENCY PHONE NUMBER: _____

IS THE AGENCY SPONSORING YOUR TUITION? YES ☐ NO ☐

DO YOU HAVE AN ACADIS ACCT WITH MO DFS YES ☐ NO ☐

In consideration of being granted permission to train, use equipment and facilities of the City of Cape Girardeau and accompanying a Cape Girardeau Firefighter, or other employee, in the actual performance of his/her duties, I DO HEREBY RELEASE, DISCHARGE, INDEMNIFY, AND SAVE HARMLESS THE CITY OF CAPE GIRARDEAU, MISSOURI AND THE CAPE GIRARDEAU FIRE DEPARTMENT AND ITS OFFICERS AND EMPLOYEES from all liability to me, my employer, my heirs, assigns, executors, and personal representatives NOW AND FOREVER for all loss and damage to my person or property, whether by negligence, or otherwise, during such time that I may be in a company of a Cape Girardeau Firefighter or other employee while said person is officially discharging his/her duties.

I hereby authorize the Cape Girardeau Police Department to conduct a background investigation into my moral and criminal background. I understand the Cape Girardeau Fire Department has the right to deny my participation at any time. I also understand I must show proof of identity at the time I sign the Application and Release and Indemnification.

(Signature of Applicant)

(DATE)

PLEASE ATTACH A COPY OF THE FOLLOWING ITEMS:

- ☐ Copy of a Valid Driver License
- ☐ Copy of High School Diploma or GED
- ☐ Completed Medical, Fitness, & Background Release

*Applicants that are not part of an Emergency Service Organization will be required to complete and submit a standard sports physical completed by a physician as proof the applicant meets the medical and physical fitness requirements to perform the tasks of the chosen course. The Cape Girardeau Fire Department will then complete the release for the applicant.

Completed forms may be dropped off to Cape Girardeau Fire Department Fire Station 1. Tuition Payment will be required to reserve placement in the class. Payment can be accepted as check or cashier check only. Make payable to Cape Girardeau Fire Rescue Foundation.