

***La Verne Fire Department
Apprentice Firefighter Program
Interest Card***

Name _____ Date _____

Address _____
Number and Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Check all of the following that apply:

_____ Graduate of California State Fire Marshal Accredited Fire Academy
Name of Academy & Graduation Date _____

_____ EMT-1 Certificate

_____ Valid California Class _____ Drivers License Endorsements _____

_____ California Ambulance Drivers Certificate Expires _____

_____ Valid CPAT or Biddle Physical Ability Certificate Expires _____