



**Cawker City Fire Department
Acceptance Application**

City of Cawker City
804 Locust
Cawker City, KS 67430

Phone: 785-781-4713
Fax: 785-781-4436
E-mail: cawcty@nckcn.com

Date: _____

1. Name: _____ Birth Date: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Home Phone: (____) _____ Cell Phone: (____) _____

4. E-mail: _____

5. Place of Employment: _____

6. If you work out of town, are you home in the evenings? Yes No

7. Do you have any physical limitations or illness that could hinder you or, that you think might hinder you in the performance of duties as a fireman? Yes No

If yes, please explain all for insurance purposes.

8. Would you like a Hepatitis B vaccination? Yes No

Applicant Signature

Social Security Number

The Fire Dept. members will review your application for admittance. If accepted, you will be required to fill out an application for insurance, with the Firemen's Relief Association; the City pays the cost of the insurance with no cost to you.