



AOFPD

Argenta-Oreana Fire Protection District



Personal Information Form

PERSONAL INFORMATION (PLEASE PRINT)

Name (Last, First, Middle Initial)			Firefighter #
Address (Street, City, State, Zip Code)			E-mail Address
Home Phone Number	Cell Phone Number	Work Phone Number	Position/Rank
Incase of Emergency Contact			Phone Number
Address of ICE Person			Relationship to ICE
Approximate date of hire ____ / ____ / ____		Blood Type <input type="checkbox"/> O+ <input type="checkbox"/> A+ <input type="checkbox"/> B+ <input type="checkbox"/> AB+ <input type="checkbox"/> O- <input type="checkbox"/> A- <input type="checkbox"/> B- <input type="checkbox"/> AB- <input type="checkbox"/> I don't know	
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No (please list)			

Do you regularly take any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No (please list)			

Did you lie to us just to get an ID Badge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only a little			

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct to the best of my knowledge.
Make sure everything in bold is completed.

Applicant's Signature _____ Date _____

Make changes to your information on the web at: <http://info.aofpd.org>