

**TOWN OF ROME
FIRE DEPARTMENT ADDENDUM
TO APPLICATION FOR EMPLOYMENT**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Driver's Record Information

How many years have you been a licensed driver? _____

Have you ever been denied issuance of a license or have you ever had your license suspended or revoked? YES NO

If yes, please explain:

Have you ever had automobile insurance withdrawn, revoked or refused? YES NO

If yes, please explain and include the name of the insurance company:

Conviction (other)

Please list all other violations that you have been convicted of (including traffic violations and any marijuana related offences). Attach a separate sheet if necessary.

DATE	COUNTY/STATE	LAW VIOLATED	DISPOSITION

Residences

List all residences in the past six (6) years, beginning with your present address:

FROM	TO	ADDRESS

Health History

Do you have 20/30 vision corrected or uncorrected? YES NO

Can you distinguish color? YES NO

Have you ever used a controlled substance other than prescription drugs? YES NO

Do you take prescription drugs? YES NO

If yes, by whom prescribed? _____