

**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Have you ever had automobile insurance withdrawn, revoked or refused?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? \_\_\_\_\_