B# DEPARTMENTAEmployeeInformation form				
Reason: New	Update	Personal Information to be collectedy Depa		
		Volunteer Firefighter/EMT **Federal Gender		
		No Yes No Male Female		
USCitizen: Yes No	Status/Visa Type:	Country of Citizenship: (Optional) GenderIdentity: Male Female		

	Which agency are you retired from?
Leg	al Address: Adã€C"rTC!bë @ E469",