

MEMBERSHIP APPLICATION

1. NAME: _____ SSN: _____ - _____ - _____
(Last) (First) (Middle)

2. ADDRESS: _____
(No.) (Street) (Town) (State) (Zip)

2a. MAILING ADDRESS: _____

3. PHONE: (Home) _____ (Work) _____

4. BIRTH DATE: _____ AGE: _____ WHERE BORN: _____

5. HEIGHT: FT. _____ IN. _____ WEIGHT: _____ LBS.

6. DO YOU HAVE ANY DISABILITIES?(If Yes,List) _____

7. HEALTH:(Circle) EXCELLENT GOOD FAIR POOR

8. MARITAL STATUS:(Circle) SINGLE MARRIED

SEPARATED DIVORCED

9. SPOUSE'S NAME, IF MARRIED: _____

10. MILITARY SERVICE: BRANCH _____

RANK: _____ DATES OF SERVICE: _____

TYPE OF DISCHARGE: _____ SPECIALTY: _____

DUTIES: _____

MEMBER OF NATIONAL GUARD OR RESERVE: YES NO

RANK:_____ DUTIES_____

MEETING REQUIREMENTS:_____

11: EDUCATION:(Circle Highest Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

NAME AND ADDRESS OF HIGH SCHOOL:_____

DATE GRADUATED:_____

TECHNICAL SCHOOL ATTENDED AND DATES:_____

SUBJECT STUDIED:_____

COLLEGE OR UNIVERSITIES ATTENDED:

(Name, City, State, Dates Attended, Major/Minor, & Degree)

12. PRESENT EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____ PHONE: _____

CAN WE CONTACT FOR REFERENCE? YES NO

13. REFERENCES:(List three people who are not related to you by blood or marriage who are familiar with your education or work experience to be contacted by committee)

NAME: COMPLETE ADDRESS:

14. HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD, OR SIMILAR ORGANIZATION?

YES NO

NAME AND ADDRESS OF ORGANIZATION:

DATE OF SERVICE _____

POSITION HELD: _____

REASON FOR LEAVING: _____

LIST ALL RELATED TRAINING YOU COMPLETED: _____

15. IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN FROM MEMBERSHIP:

16. MAY THE FIRE DEPARTMENT CONTACT YOUR PRESENT EMPLOYER OR ANY OF THE ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOUR CHARACTER OR ABILITIES? YES NO (If No, Explain_____

17. HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION?
YES NO
(If Yes, explain)_____

18. HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION?
YES NO (If Yes, Explain)_____

19. HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT OR INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION, OR HAS ANY CASE BEEN FILED AGAINST YOU?
YES NO (If Yes, Explain)_____

20. HAVE YOU EVER BEEN ORDERED TO DEPOSIT COLLATERAL FOR ALLEGED BREACH OR VIOLATION OF ANY ORDER, ORDINANCE, OR POLICE REGULATION WHATSOEVER?

YES NO (If Yes, Explain)_____

21. DRIVERS LICENCE #_____ STATE:_____

22. SPONSORED BY:_____

I authorize investigation of all statements on this application. I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a physical agility test, and a complete physical examination by the fire department doctor.

SIGNATURE:_____ DATE:_____

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DO NOT WRITE BELOW THIS LINE

Date Application received_____ No._____

Date Interviewed_____

Interviewed By:_____

COMMENTS:_____
