

CENTER VOLUNTEER FIRE DEPARTMENT

Application for Membership

BASIC INFORMATION

Name _____ Date _____

Address _____

Phone _____ Work Phone _____

Date of Birth _____ Sex _____ Marital Status _____

U.S. Citizen (please circle) Yes No Social Security Number _____

EMPLOYMENT

Are you employed full time? _____ Work Hours _____

Days of Week Employed _____

Name and Address of Employer _____

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy manual work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

How much time lost from work due to injury during the past three years? _____

TRAFFIC/CRIMINAL BACKGROUND

Drivers License: State _____ License number _____ Type _____ Exp Date _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____

Has any license, permit, or privilege ever been suspended or revoked? _____

If the answer to either of the two questions above is yes, please attach a statement giving details.

CENTER VOLUNTEER FIRE DEPARTMENT

Any traffic accidents during the past three years? _____
If yes, please provide the dates, nature of accident (rear-end, head-on, etc.) and any injuries

Any traffic convictions in the past three years? _____ If yes, please provide the following:
Location, Date, Charge, Penalty _____

Have you ever been arrested, convicted of a misdemeanor or felony? _____
If yes, please provide Date, County/State, Charge and Penalty _____

EDUCATION

Circle Highest Grade Completed

Elementary/Middle School: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended _____

EXPERIENCE AND QUALIFICATIONS

List any experience and/or qualifications that you may have related to firefighting _____

List any driving courses or other training that may help you in the fire department _____

List any other special equipment or mechanical training you may have _____

CENTER VOLUNTEER FIRE DEPARTMENT

Have you ever been a member of a fire department? _____ If yes, provide details below:

Name of department _____

Address _____

Dates: From (Mo/Yr) _____ To (Mo/Yr) _____

Offices Held _____

Reason for Leaving _____

If more than one department, please attach additional sheets.

REFERENCES

Please provide the names of three persons not related to you:

Name	Address	Phone	Occupation	Yrs Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CENTER VOLUNTEER FIRE DEPARTMENT

TO BE READ AND SIGNED BY APPLICANT

Probation Period – Six (6) Months

This certifies that this application was completed by me and that all entries on it and information provided in it are true and complete to the best of my knowledge.

I authorize Center Volunteer Fire Department to make such investigation and inquiries as may be necessary in arriving at a membership decision. This includes, but is not limited to, a Criminal Background and Driving Record check.

In the even of membership acceptance, I understand that false or misleading information given in this application may result in discharge. I understand that I am required to abide by all rules and regulations of the Center Volunteer Fire Department.

I also understand that I will be expected to meet the 48 hour per year requirement of training and that I am expected to work towards Firefighter I and II certification.

Applicant Signature

Applicant Printed Name

Date