

Application for Membership

Name:	_____	Date:	_____
Address:	_____	Age:	_____
	Street City State Zip	Date of Birth	_____
Phone #	_____	SSN	_____
		Drivers License #	_____

Employer Name
and address _____

Street _____ City _____ State _____ Zip _____

Occupation: _____ Working Hours: _____ Days off: _____

Circle last year of school attended: 12 13 14 15 16 Other: _____

Name of Department	City	State	Rank Attained
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List any special skills: _____

Have you ever been convicted of a Felony?
(If yes, please explain)

Signature/Date _____

Date Received by Fire Board:	_____	Background check results	Acceptable	<input type="checkbox"/>
Date approved by Fire Board:	_____		Unacceptable	<input type="checkbox"/>
	Date approved by Membership:	_____	Date placed on Department:	_____

Comments: