## **MASCOUTAH FIRE DEPARTMENT**

## Application for Membership

General Information				
Name:	<u></u>	Date:		
Address: Street	City State Zip	Age: [	Date of Birth	
Phone #	SSN			
Work and Education Information				
Employer Name and address				
	Street	City	State Zip	
Occupation:	Norking Hours:	Days off:		
Circle last year of school attended: 12 13 14 15 16 Other:				
Previous fire-fighting Experience:				
Name of Department City	State	Ran	nk Attained	
List any special skills:				
Background History Check				
Have you ever been convicted of a Felony? (If yes, please explain)				
I hereby give my permission to the Mascoutah Fire Department to conduct a background check for the sole purpose of determining my suitability for joining the Mascoutah Fire Department. Any and all information from the background check will be kept confidential. The information given on this application is true. Any false or misrepresented information is grounds for termination from the Mascoutah Fire Department.  Signature/Date				
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Date Received by Fire Board: Date approved by Date	Background checker result approved embership:	d Acceptable k Unacceptable Date placed on		
Comments:				