

APPLICATION FOR MEMBERSHIP

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely.

PLEASE PRINT CLEARLY							
PERSONAL INFORMATION							
NAME: Date							
LAST FIRST MI							
DATE OF BIRTH: S.S#							
ADDRESS:							
ADDRESS:							
HOME PHONE: () WORK PHONE: () WORK PHONE: ()							
E-MAIL:							
CURRENT EMPLOYER:							
OCCUPATION/TITLE:							
DRIVING INFORMATION							
DO YOU HAVE A VALID DRIVERS LICENSE: Y/N If no please explain below							
DRIVERS LICENSE: STATE NUMBER EXPIRATION							
LIST VEHICLES THAT WILL BE USED IN FIRE SERVICE:							
YEAR MAKE MODEL							
YEAR MAKE MODEL							
HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED: Y/N							
HAVE YOU HAD MOVING VIOLATIONS NOW OR IN THE PAST 5 YEARS: Y / N							
IF YES TO ANY OF THE ABOVE GIVE DETAILS:							
(You will be responsible for providing your driving record before being allowed to drive with the department's apparatus) YOU MUST PROVIDE PROOF OF INSURANCE AND KEEP INSURANCE CURRENT DURING SERVICE WITH FFPD.							
EXPERIENCE							
HAVE YOU EVER WORKED OR VOLUNTEERED HERE BEFORE: Y/N							
IF YES EXPLAIN:							
HAVE YOU EVER APPLIED HERE BEFORE: Y/N							
IF YES EXPLAIN:							
1/11/2016							

DO YOU HAV	E ANY FIRE OR	MEDICAL EXPE	RIENCE: Y/N				
DEPARTMENT/AGENCY: PHONE ()							
ADDRESS:	NUMBER/PO BOX						
					ZIP		
	FRON						
REASON FOR	LEAVING:						
(List any additional departments or agencies on a							
separate sheet and a	macn)						
EDUCATIONAL BACKGROUND							
	<u> </u>	Number of		1	1	1	
Type of School	Name and Location	Years Completed	Major	GPA	Degree Obtained	Date of Completion	
High School or GED							
College							
Graduate School							
Vocational or Technical							
OTHER INFORMATION							
An affirmative answer on any of these questions does not automatically eliminate you from consideration.							
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR: (other than speeding tickets) Y / N IF YES PLEASE EXPLAIN:							
HAVE YOU EVER BEEN CONVICTED OF CRIMINAL OR CIVIL PHYSICAL AND/OR SEXUAL ABUSE OR HARRASSMENT: Y/N							
HAVE YOU EVER BEEN TERMINATED FOR PHYSICAL AND/OR SEXUAL ABUSE OR HARRASSMENT: Y /							
NHAVE YOU EVER BEEN CONVICTED OF DWUI/DUI: Y/N							
HAVE YOU SEEN AND REVIEWED THE JOB DESCRIPTION: Y / N							
DO YOU UND	ERSTAND AND OU PERFORM TH	CAN YOU PERFO	ORM THE JOB 1	REQUIREMENT		ONS: Y / N	
Please list two p	personal references	:					
NAME:PHONE:			RELATIONS	RELATIONSHIP:			
NAME:PHONE:							
APPLICANT'S SIGNATURE				DATE	DATE		
1/11/2016							