

EMERADO VOL. FIRE DEPT. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Phone:
Current Physical Address:		
City:	State:	ZIP Code:
Drivers License Number:	Drivers License State:	Phone Carrier:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	Position:	Can you leave work for calls: YES / NO

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

HAVE YOU EVER PLEAD GUILTY, NO CONTEST, OR BEEN CONVICTED OF A CRIME

YES / NO IF "YES" PLEASE LIST WHAT FOR AND WHAT YEAR		
1.	2.	3.

QUALIFICATIONS

Have You Served With A Fire / Medical Service: YES / NO		Location:	Years:
Do You Have Experience Driving Large Vehicles: YES / NO		Years:	
Please List Fire / Medical Qualifications:			
1.	2.	3.	4.
5.	6.	7.	8.

REFERENCES

Name	Address	Phone

All membership applications will go under review by department officers after closure of the meeting. At that time a determination will be made based upon experience and member availability. By signing this application you are giving permission for department personnel to conduct a full investigation to the information you have provided. Any false information can and will result in immediate termination.

(OFFICIAL USE ONLY) PROBATION PERIOD

120 Days (4 Months)	60 Days (2 Months)
Approved	Not Approved

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of Chief:	Date: