

HAVE YOU EVER BEEN CONVICTED OF A CRIME YES _____ NO _____

III. HEALTH INFORMATION

DO YOU HAVE ANY HEALTH PROBLEMS THAT WOULD INTERFERE WITH PROVIDING EMERGENCY SERVICES? _____

DO YOU HAVE ANY PHYSICAL PROBLEMS THAT WOULD INTERFERE WITH PROVIDING EMERGENCY SERVICES? _____

ARE YOU CURRENTLY ON ANY MEDICATION? _____

DO YOU WEAR GLASSES? _____ CONTACTS? _____ BLOOD TYPE _____

NAME AND PHONE NUMBER OF FAMILY PHYSICIAN _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATION _____

ADDRESS _____ PHONE _____

IV. ACTIVITY INFORMATION

TYPE OF MEMBERSHIP:

RESIDENT _____ NON-RESIDENT _____ ASSOCIATE _____ SOCIAL _____ JUNIOR _____

WHAT ASPECTS OF THE FIRE DEPARTMENT ARE YOU INTERESTED IN PARTICIPATING?

FIREFIGHTING _____ EMS _____ ENGINEER _____ FIRE POLICE _____

PREVIOUS FIRE TRAINING: _____
(IF YES, PLEASE ATTACH CERTIFICATES HELD)

PREVIOUS MEDICAL TRAINING: _____
(IF YES, PLEASE ATTACH CERTIFICATES HELD)

ARE YOU CURRENTLY A MEMBER OF ANOTHER FIRE DEPT.? YES _____ NO _____

IF YES: NAME OF DEPT _____

ADDRESS _____

PHONE NUMBER OF STATION _____

NAME OF CHIEF _____

HOME PHONE _____

WERE YOU EVER A MEMBER OF ANOTHER FIRE DEPT.? YES _____ NO _____

IF YES: NAME OF DEPT _____

ADDRESS _____

PHONE NUMBER OF STATION _____

NAME OF CHIEF _____

HOME PHONE _____

REASON FOR LEAVING _____

PLEASE FURNISH TWO REFERENCES:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

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COMPANY USE ONLY

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MEMBERSHIP _____ EXEC _____

1ST READING _____ 2ND READING _____

PROBATION PERIOD START _____ PROBATION PERIOD END _____

REMOVED FROM ROLLS _____

PSP FORM RECEIVED _____ DOT FORM RECEIVED _____ EMS FORM RECEIVED _____

POLICY BOOK NUMBER _____ COMPANY NUMBER _____