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| PInch vfd  Membership Application |  |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | First | |  | | | | | | | M.I. | | BirthDate | |  | |
| Street Address | | | |  | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | | | | State | |  | | | | | | | ZIP |  | | | | |
| Phone |  | | | | | | | | | | E-mail Address | | | |  | | | | | | | | | | |
| Social Security # | | | | | |  | | | | | | Driver’s License Number & State | | | |  | | | | | | | | | |
| Position Applied for | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | YES | NO | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | YES | | NO |
| Have you ever been convicted of Criminal acts or Traffic Offenses? | | | | | | | | | YES | NO | | | If yes, explain | | | |  | | | | | | | | |
| Which station would you be reporting to, and how many miles do you live from the station: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | |  | | | | | | | Address | | |  | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | YES | | | NO | | | Degree | | |  | | | | | | |
| College | |  | | | | | | | | Address | | |  | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | YES | | | NO | | | Degree | | |  | | | | | | |
| Other | |  | | | | | | | | Address | | |  | | | | | | | | | | | | |
| From | |  | | | To | |  | Did you graduate? | | YES | | | NO | | | Degree | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all three references, | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | Relationship | | | | |  | | | | | | |
| Company | | |  | | | | | | | | | | | Phone | | | |  | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | |

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| Employment History | | | | | | | | | | | | | | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | |
| Job Title | |  | | | | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | |
| Company | | |  | | | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | |
| Company | |  | | | | | | | | | | Phone |  | | | | | |
| Address | |  | | | | | | | | | | Supervisor | |  | | | | |
| Responsibilities | | | | |  | | | | | | | | | | | | | |
| From |  | | | | To | |  | | Reason for Leaving | |  | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | YES | NO |  | | | | | |
| **Previous Emergency Service Experience:** | | | | | | | | | | |  |  |  | | | | | |
|  | | | | | | | | | | |  |  |  | | | | | |
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| Fears, Medical Conditions or anything that may hender you from being a member | | | | | | | | | | | | | | | | | | |
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| Military ServicE | | | | | | | | | | | | | | | | | | |
| Branch | |  | | | | | | | | | | | | From |  | To |  | |
| Rank at Discharge | | | | | |  | | | | | | | | Type of Discharge | | | |  |
| If other than honorable, explain | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Parent or Guardian** | | | | | | | | | | | | | | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Understand that the person applying for membership in the Pinch Vol. Fire Dept. will be giving part of his/her time to public service. I further realize that giving some form of public service is the duty of every citizen and hereby give my consent to this application.  Signature: Date: | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to membership, I understand that false or misleading information in my application or interview  may result in my release. | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | Date |  | | |
| Signature of Sponsoring Member | | | |  | | | | | | | | | | |  |  | | |
| Signature of Sponsoring Member | | | |  | | | | | | | | | | |  |  | | |
| Signature of Membership Chairman | | | |  | | | | | | | | | | |  |  | | |
| Signature of Chief | | | |  | | | | | | | | | | |  |  | | |

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Do not write below this line Fire Department Use only

Date received \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date start probation \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Date end of probation\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_

Date of Termination\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Chairman’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_