SOUTHERN WEBSTER COUNTY
FIRE PROTECTION DISTRICT

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH _____
(LAST) (FIRST) (M.I)

ADDRESS _____
(STREET) (APPARTMENT/ UNIT #) (CITY) (STATE) (ZIP)

PHONE NUMBER _____ EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

DATE OF LAST PHYSICAL EXAM _____

ARE YOU A CITIZEN OF THE UNITED STATES?

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?

HAVE YOU EVER WORKED FOR THIS COMPANY? IF SO, WHEN?_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME

OTHER THAN MINOR TRAFFIC VIOLATIONS?

IF YES, EXPLAIN _____

INCASE OF EMERGENCY CONTACT: PHONE _____ RELATION _____

LIST ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES _____

_____

DO YOU HAVE ANY CONDITION(S) THAT MIGHT PREVENT YOU FROM DOINT ANY WORK REQUIRED OF FIREFIGHTERS?

IF YES, EXPLAIN

_____

_____

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EDUCATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY	OTHER
NAME			
ADDRESS/CITY/STATE			
YEAR GRADUATED			
DEGREE/DEPLOMA			

REFERENCES

PLEASE LIST THREE PERSONAL REFRENCES THAT ARE NOT RELATED BY BLOOD OR MARRIAGE.

NAME/ADDRESS	PHONE NUMBER	RELATIONSHIP/ YEARS KNOW

MILITARY SERVICE

BRANCH	RANK AT DISCHARGE	DATES	TYPE OF DISCHARGE

IF OTHER THAN HONORABLE, EXPLAIN _____

_____

_____

SOUTHERN WEBSTER COUNTY FIRE PROTECTION DISTRICT

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HAVE YOU EVER SERVED ON ANY FIRE DEPARTMENT BEFORE

IF NO, SKIP NEXT SECTION.

PREVIOUS EXPERIENCE

DEPARTMENT_____ PHONE NUMBER _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

SUPERVISOR OR CHIEF _____ JOB TITLE/RANK HELD_____

RESPONSIBILITIES_____

_____

HIRE DATE _____ LEAVE DATE _____ REASON FOR LEAVING_____

MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE?

PRESENT EMPLOYER

COMPANY _____ PHONE NUMBER _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

JOB TITLE _____ EMPLOYED SINCE _____

RESPONSIBILITIES _____ SUPERVISOR _____

ARE YOU ABLE TO LEAVE WORK TO RESPOND TO EMERGENCY CALLS?

DISCALIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE. BY SIGNING BELOW, I GIVE PREMISSION TO SOUTHERN WEBSTER COUNTY FIRE PROTECTION DISTRICT TO CONDUCT ANY INVESTIGATIONS DEEMED NECESSARY OF MY PERSONAL, CRIMINAL AND/OR DRIVING HISTORY. I UNDERSTAND THAT ANY INFORMATION WILL BE HELD CONFIDENTIALLY AND WILL ONLY BE USED TO ASSESS MY SUTABILITY AS A FIREFIGHTER FOR THE DISTRICT. I ALSO UNDERSTAND THAT THE DISTRICT REQUIRES A PRE-EMPLOYMENT DRUG SCREEN AND THAT I MAY BE SUBJECT TO RANDOM DRUG SCREENING AT THE DISTRICT'S DISCRETION.

SIGNATURE _____ DATE _____

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