

Scandia Volunteer Fire Dept.

MEMBERSHIP APPLICATION

ACTIVE (check all that apply) SOCIAL

FIREFIGHTING _____ ADMINISTRATIVE _____
EMS _____ FUNDRAISING _____
ADMINISTRATIVE _____ BUILDING MAINTENANCE _____

1. NAME: _____ S.S.#: _____
Last First M.I.
2. ADDRESS: _____
NO. STREET TOWN COUNTY STATE ZIP
3. PHONE: HOME: _____ WORK: _____
4. BIRTH DATE: _____ AGE: _____ DRIVER'S LICENSE #: _____
5. HEIGHT: FT. _____ IN. _____ WEIGHT: _____ LBS.
6. DO YOU HAVE ANY DISABILITIES? (If yes, list) _____
7. HEALTH: (Circle) EXCELLENT GOOD FAIR POOR
8. MARITAL STATUS: (Circle) SINGLE MARRIED SEPARATED DIVORCED WIDOWED
9. SPOUSE'S NAME, IF DIFFERENT: _____
10. NEXT OF KIN, IF DIFFERENT: _____
11. EDUCATION: (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12
TECHNICAL SCHOOL ATTENDED? _____
COLLEGES OR UNIVERSITIES ATTENDED? _____
12. PRESENT EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____
IMMEDIATE SUPERVISOR: _____
PREVIOUS EMPLOYER: _____ TELEPHONE: _____
ADDRESS: _____
OCCUPATION: _____
IMMEDIATE SUPERVISOR _____

REFERENCE: (List 3 people who are not related to you by blood or marriage who are familiar with your education or work)

NAME	COMPLETE ADDRESS	TELEPHONE #

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD OR SIMILAR ORGANIZATION?

YES _____ NO _____

NAME AND ADDRESS OF ORGANIZATION: _____

DATE OF SERVICE: _____ POSITION (S) HELD: _____

REASON FOR LEAVING: _____

LIST ALL RELATED TRAINING YOU COMPLETED: _____

IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT AND WHAT YOU EXPECT TO GAIN FROM MEMBERSHIP. _____

MAY THE FIRE DEPARTMENT CONTACT YOUR PRESENT EMPLOYER OF THE ORGANIZATIONS OR REFERENCES, WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOUR CHARACTER OR ABILITIES? YES ___ NO ___

(IF NO EXPLAIN) _____

HAVE YOUR EVER BEEN DISMISSED FROM ANY POSITION? YES ___ NO ___

(IF YES EXPLAIN) _____

HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION? YES ___ NO ___

HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT OR INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION, OR HAS ANY CASE BEEN FILED AGAINST YOU? YES ___ NO ___

(IF YES EXPLAIN) _____

HAVE YOU EVER BEEN ORDERED TO COLLATRAL FOR ALLEGED BREACH OR VIOLATION OF ANY ORDER, ORDINANCE, OR POLICE REGULATION WHATSOEVER?

YES _____ NO _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS OF THE APPLICATION.

DATE _____ SIGNATURE _____

THE MEMBERSHIP COMMITTEE WILL INTERVIEW THE APPLICANT DURING THE SIXTH MONTH PROBATIONARY PERIOD AND BRING THEIR RECOMMENDATIONS TO THE BODY. AT THE END OF THE SIX MONTHS, THEN THE BODY WILL VOTE ON THE APPLICANT.

DATE APPLICATION WAS RECEIVED: _____ NO. _____ -

DATE INTERVIEWED: _____

INTERVIEWED BY: _____

COMMENTS: _____
