

APPLICATION FOR MEMBERSHIP

NOTE: PRINT with ink or type. Applications not properly or fully completed will be returned or rejected.

NAME: _____ BIRTH DATE ___/___/___
 Last First Full Middle

ADDRESS: _____ PHONE _____

HOW LONG AT ABOVE ADDRESS? ___ LIST PREVIOUS ADDRESS FOR PAST 5 YEARS

_____ DO YOU WEAR
HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ GLASSES/CONTACTS? _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

CLASS LICENSE _____ RESTRICTIONS _____ MARITAL STATUS: M S D

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

LIST ANY SERIOUS ILLNESS OR MEDICAL PROCEDURES (SURGERY, ETC.) YOU HAVE INCURRED OVER THE PAST 5 YEARS _____

DO YOU HAVE ANY PHYSICAL DISABILITIES OR MEDICAL RESTRICTIONS WHICH WOULD PROHIBIT YOU FROM FULLY PARTICIPATING IN ANY TRAINING OR STRENUOUS ACTIVITY? _____ IF SO, DESCRIBE _____

LIST ANY ORGANIZED GROUPS (i.e. BOY SCOUTS, GIRL SCOUTS, ATHLETIC GROUPS, SOCIAL GROUPS, ETC.) YOU ARE PRESENTLY AFFILIATED WITH OR WERE A MEMBER OF DURING THE PAST 5 YEARS _____

LIST ALL HOBBIES _____

DO YOU SPEAK, READ OR WRITE ANY FOREIGN LANGUAGE? _____ IF SO, WHAT LANGUAGE AND TO WHAT DEGREE OF PROFICIENCY? _____

LIST COMPLETE EDUCATIONAL HISTORY BEGINNING WITH ELEMENTARY SCHOOL AND THROUGH COLLEGE, IF APPLICABLE

SCHOOL NAME	LOCATION (CITY, STATE)	DATES ATTENDED
_____	_____	_____ TO _____
_____	_____	_____ TO _____
_____	_____	_____ TO _____
_____	_____	_____ TO _____

MONTH/YEAR OF HIGH SCHOOL GRADUATION _____

LIST YOUR COMPLETE EMPLOYMENT HISTORY BEGINNING WITH YOUR PRESENT POSITION. LIST ALL GAPS IN EMPLOYMENT.

1 - EMPLOYER: _____ DATES EMPLOYED _____ TO _____
ADDRESS: _____ PHONE _____
POSITION _____ REASON FOR LEAVING _____

2 - EMPLOYER _____ DATES EMPLOYED _____ TO _____
ADDRESS: _____ PHONE _____
POSITION _____ REASON FOR LEAVING _____

3 - EMPLOYER _____ DATES EMPLOYED _____ TO _____
ADDRESS: _____ PHONE _____
POSITION _____ REASON FOR LEAVING _____

4 - EMPLOYER _____ DATES EMPLOYED _____ TO _____
ADDRESS: _____ PHONE _____
POSITION _____ REASON FOR LEAVING _____

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A FELONY? _____, IF SO, ATTACH A DETAILED EXPLANATION INDICATING ALL SPECIFICS AND THE DISPOSITION OF THE CASE.

DO YOU KNOW ANY REASON WHICH WOULD DISQUALIFY YOU FROM APPOINTMENT TO THE DEPARTMENT? _____ IF SO, EXPLAIN _____

WHAT MADE YOU DECIDE TO APPLY FOR A POSITION WITH THE DEPARTMENT?

INDICATE ANY SPECIAL EXPERIENCE, TRAINING OR SPECIAL ABILITY WHICH RENDERS YOU UNIQUELY QUALIFIED FOR THIS POSITION, DESCRIBE FULLY ANY PAST OR PRESENT QUALIFICATIONS _____

DO YOU UNDERSTAND THERE IS A PROBATION PERIOD? Y N

ARE YOU CURRENTLY AN: EMT (), PARAMEDIC (), FIREFIGHTER ()

ARE YOU WILLING TO ATTEND SCHOOL FOR CERTIFICATION? Y N

HAVE YOU DISCUSSED THIS APPLICATION WITH YOUR FAMILY AND EXPLAINED YOUR OBLIGATION TO THE FIRE DEPARTMENT? Y N

LIST THREE PERSONAL REFERENCES (OTHER THAN RELATIVES) WHO KNOW YOU WELL ENOUGH TO PROVIDE INFORMATION ABOUT YOUR CHARACTER

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, HAVING REVIEWED MY COMPLETED

APPLICATION AND HAVE MADE ANY AND ALL NECESSARY CORRECTIONS, THAT IN SIGNING THIS APPLICATION, I HEREBY ATTEST TO THE FACT THAT THERE ARE NO WILLFUL REPRESENTATIONS IN ANY OF THE ANSWERS OR STATEMENTS I HAVE FURNISHED. I AM FULLY AWARE THAT THIS APPLICATION WILL BE INVESTIGATED AND THAT SHOULD SUCH INVESTIGATION DISCLOSE ANY INTENTIONAL MISREPRESENTATION, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING FROM ANY FURTHER POSITION WITH THE DEPARTMENT. I HEREBY GIVE PERMISSION FOR THE POLICE DEPARTMENT TO CHECK MY BACKGROUND. I FURTHER STATE I HAVE NOT USED ILLEGAL DRUGS AND UNDERSTAND THAT ANY ILLEGAL DRUG OR ALCOHOL USE OR VIOLATIONS OF VILLAGE POLICIES WILL RESULT IN DISMISSAL FROM THE DEPARTMENT.

SIGNATURE _____

DATE: _____

WITNESS _____

WITNESS _____

ATTACH COPY OF DRIVER'S LICENSE, AND ANY CERTIFICATIONS