

# Showell Vol. Fire Dept., Inc.

## Application for Membership

Name: \_\_\_\_\_  

Last
First
Middle

Address: \_\_\_\_\_  

Street
City
State
Zip

length of time at current address: \_\_\_\_\_ Marital status: S, M, D, W Phone#: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ Class type: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_  Full Time  Part Time

Previous Employer is less than 2 years: \_\_\_\_\_

3 references other than firefighters:

<i>Name</i>	<i>Address</i>	<i>Phone#</i>

Member of previous fire company: Y N if yes: \_\_\_\_\_

Courses that I have completed: \_\_\_\_\_

Do you have a medical condition(s) that would prevent you from any firefighting? Y N

If yes please explain: \_\_\_\_\_

I hereby authorize the Showell Vol. Fire Dept. Inc. to investigate all statements contained in this application and to process a background check with law enforcement. To the best of my knowledge, all statements and answers which I have given are true, accurate and correct. I understand that misrepresentation or omission of facts may result in the nullification of this application or subsequent membership based on its contents.

<b>Applicants Signature:</b>	
Date of Application:	Date of board of review:
Date voted for by probation:	Date Voted for full membership: