

APPLICATION FOR MEMBERSHIP
McKinley County Volunteer Fire Department

Fire District

(NOTE: Complete all sections that apply, mark any section that does not apply "N/A".
Please TYPE or PRINT).

1. Name: _____ Phone: _____
 Last First Middle

2. Address: _____
 Number Street City State Zip

3. Date of Birth: _____ Age: _____ Soc. Sec. #- _____

Drivers License #- _____ Type: _____ State: _____ Exp. Date: _____

Height: _____ Weight: _____

4. Employed by: _____

Address of Employer: _____

Immediate Supervisor: _____ Work Phone #- _____

5. Recommended for Membership by: _____

Previous Firefighting or Related Experience: _____

6. List type and date of any traffic citations within the past five (5) years: _____

7. Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors & summary offenses, which has not been annulled, expunged, or sealed by a court?

Yes No If yes, describe in full:

8. Have you any physical defects which preclude you from performing firefighting duties:

Yes No. If yes, describe limitation: _____

9. In case of emergency, notify: _____
Name Relationship

Address: _____

Home Phone: _____ Work Phone: _____

10. In case of death, to whom shall benefits be paid: _____

Address: _____ Relationship _____

AGREEMENT

I understand that I may be asked to pass a physical examination by a registered Physician and an agility test.

I understand I am responsible for providing a letter from my employer releasing me for firefighting duties.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for membership as may be necessary.

I understand that this application is not intended to be a contract of employment.

I understand that false or misleading information given in my application or interview may disqualify me from consideration and/or may result in termination of membership.

I understand also that I am required to abide by rules and regulations of the fire district and McKinley County policy pertaining to volunteer fire districts.

Signature: _____ Date: _____

Interviewing Committee Remarks: _____

Reviewing Officer's Remarks: _____

Applicant accepted/not accepted for membership.

Signature: _____ Date: _____

Reviewing Officer