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| Box Elder Volunteer Fire Department Membership Application |  |

## Contact Information

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| --- | --- | --- | --- |
| **Full Name** |  | **Maiden** |  |
| **Street Address** |  |
| **City ST ZIP Code** |  |
| **Primary Phone/Service** |  | **SSN** |  |
| **Date of Birth** |  | **Email Address** |  |
| **Driver’s License # / State** |  |
| **Spouse Full Name** |  |
| **Children** |  |

## Previous Address (if less than 1 year at current address)

|  |  |
| --- | --- |
| **Address** |  |
| **City ST ZIP Code** |  |

## Person to Notify in Case of Emergency

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| --- | --- |
| **Name/Relationship** |  |
| **Street Address** |  | **Primary Phone** |  |
| **City ST ZIP Code** |  |

## Previous Fire Department

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| --- | --- |
|  **Name** |   |
| **Street Address** |  |
| **City ST ZIP Code** |  |
| **Phone** |  |
| **E-Mail Address** |  |

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## References

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| --- | --- | --- |
| Name: | Name: | Name: |
| Phone Number: | Phone Number: | Phone Number: |

## General Questions

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| 1. Have you ever been arrested? O Yes O No. Felony O Yes O No. If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| 1. Active duty military. Is your leadership aware of your pending application? O Yes O No. Are you able to obtain an off-duty employment application with their approval? O Yes O No
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| 1. What is the highest education level you have completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Do you a fear of confined spaces, heights, water, etc.? O Yes O No If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Have you ever been discharged from, or refused employment due to health or medical reasons? O Yes O No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. List any significant medical problems you are now or have, in the past, received treatment for. (i.e. cardiac disorder, respiratory problems, diabetes, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Agreement and Signature

### \_\_\_\_\_\_It is understood that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the department. I understand that just as I am free to resign at any time, the department reserves the right to terminate my membership at any time, subject to the By-Laws of the department. I understand that no representative of the department has the authority to make any assurances to the contrary.

\_\_\_\_\_\_I give the department the right to investigate all references and to secure additional information about me, if related. I hereby release from liability the department and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

\_\_\_\_\_\_The department is an Equal Opportunity Employer. The department does not discriminate in employment and no question on this application is used for the purpose of limiting or accusing any applicants’ consideration for member ship on a basis prohibited by local, state, or federal law.

This application is valid for 90 days. If I have not attended my second meeting within this time, I understand that it will be necessary to submit another application.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

## FOR OFFICIAL USE ONLY

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| First Meeting Date: | Interview Completed: | Sworn-In Date: | County Notification: |
| IAR: | PAGER: | DOOR CODE/FOB: | MENTOR: |
| Probation Complete Date: | Full Membership Approval Date: | Orientation Completed: | IQS: |
| CRCMS: | Emergency Reporting: | Auto Insurance: | Gear: |
| Fuel Card Pin: | Background: |  |  |