



Citizens Fire and Rescue Company #2



APPLICATION FOR MEMBERSHIP

Citizens Fire and Rescue Co. #2 (CFR #2) considers application for membership without regard to race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by law. All membership applications will be reviewed by the membership committee then the application will be presented to the full membership of the company to be voted upon for probationary membership in the **CFR #2**.

Why do you want to join our organization?

Recommended By: _____

CFR #2 DOES NOT TOLERATE THE USE OF ILLEGAL DRUGS

PERSONAL INFORMATION

Please Print

Date: _____ Social Security Number: _____

Name: _____
(first) (last) (middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: ____ / ____ / ____

Are you at least 18 years old? **YES NO**

If no, you will have to fill out a parental consent form, attach a work certificate, along with a parent or legal guardian signature to this application.

List any relatives or friends who are member of Citizens Fire and Rescue Co. #2:

GENERAL INFORMATION

Do you have a valid Driver's License? **YES** **NO** Type: _____

Issued in what state? _____ Driver's License #: _____

List all moving violations (convictions) and accidents you have had in the last five years. For each violation, describe the violation and the date of conviction, and for each accident, describe the date, type of accident, and if you were at fault:

Have you ever been convicted, pled guilty or no contest to a felony or misdemeanor, including DUI/DWI or similar offense, or had your license revoked or suspended?

YES **NO**

If yes, explain:

EDUCATION

High School

Name: _____ Address: _____

Years completed: _____ _____

Did you graduate? **YES** **NO** _____

If not, highest grade completed? _____ Have you received you GED? **YES** **NO**

College

Name: _____ Address: _____

Years completed: _____ _____

Did you graduate? **YES** **NO** _____

Degree: _____ Major: _____ Minor: _____

Technical School

Name: _____ Address: _____

Years completed: _____ _____

Did you graduate? **YES** **NO** _____

Degree: _____ Major: _____ Minor: _____

FIRE SERVICE / EMS RELATED TRAINING

EMPLOYMENT HISTORY

List your last three employers starting with your most recent.

1. **Employer:** _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Job Description: (include duties and responsibilities):

Employers Phone: _____ May we contact them? **YES NO**
Reason for Leaving: _____

2. **Employer:** _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Job Description: (include duties and responsibilities):

Employers Phone: _____ May we contact them? **YES NO**
Reason for Leaving: _____

3. **Employer:** _____
Job Title: _____ Supervisor: _____
Start Date: _____ End Date: _____
Job Description: (include duties and responsibilities):

Employers Phone: _____ May we contact them? **YES NO**
Reason for Leaving: _____

REFERENCES

List at least three persons, other than relatives and past employers, who have knowledge of your character, work experience, education, and volunteer activities.

Reference #1

Name: _____

Address: _____

Occupation: _____

Email: _____ Phone Number: _____

Years Known: _____ Relationship: _____

Reference #2

Name: _____

Address: _____

Occupation: _____

Email: _____ Phone Number: _____

Years Known: _____ Relationship: _____

Reference #3

Name: _____

Address: _____

Occupation: _____

Email: _____ Phone Number: _____

Years Known: _____ Relationship: _____

MEDICAL INFORMATION

Physicians Name: _____

Physicians Address: _____

Phone Number: _____

Medical Statement: I consider myself physically capable of performing all required duties.

YES

NO

If No, please list limitations that you have:

ACKNOWLEDGEMENT

I certify that the information I have given on this application is true, complete and correct. I understand that any false information or the omission of information may be sufficient reason for denial of membership or termination of membership if I become a member. I recognize that the completion of this application does not imply acceptance and does not obligate the **CFR #2** to elect me as a member. Applications will remain active for six months, after which time re-application will be necessary. If accepted for membership, I agree to abide by all rules, regulations, and policies established by the **CFR #2** and its officers. I understand that if accepted as a member, my membership is voluntary and may be terminated in accordance with the provisions of the **CFR #2** bylaws, polices, and procedures. This application is not an agreement or contract for employment.

I authorize the **CFR #2** and its agents to make any investigation deemed necessary in connection with my application for membership, including a criminal history check, driving record check, child abuse clearance check and such inquiries. I release **CFR #2** and its agents from all liability resulting from such inquiries. I waive all rights to see or review the information so furnished.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Signature of Parent / Legal Guardian: _____

Required if applicant is less than 18 years of age.

FIRE COMPANY USE ONLY

Applicants Name: _____

Application Fee to treasurer? Amount: \$_____ Date: _____

Membership Committee Recommendation

Date of Interview: _____ Recommendation for approval: **YES NO**

If no, explain:

Company Action

Meeting Date: _____ Approved? **YES NO**

If no, explain:

Acceptance Letter and Membership card mailed? Date: _____

First meeting attendance eligibility: _____

Probation Period will expire on: _____

Date of Termination: _____

Reasons for Termination: _____

Signature of President or Vice President: _____

Signature of Membership Secretary: _____