

Duenweg Volunteer Fire Department

Membership Application

Please Print

Name: _____ Phone: Home: _____
Last First Middle Cell: _____

Address: _____ E-Mail: _____

State: _____ Zip Code: _____ Date Of Birth: _____

Years at Address: _____ Social Security Number: _____

Previous Address, State & Zip code: _____

Have you ever been convicted of or plead guilty to a crime other than a traffic offense.

Please Circle: Yes Or No

If Yes Please Explain: _____

Do you have a Drivers License: Please Circle: Yes Or No

If Yes: State: _____ Drivers License Number: _____ Expiration Date: _____

Has your drivers licenses ever been Suspended or Revoked. Please Circle Yes Or No

If Yes Please Explain: _____

Who Is your Insurance Provider: _____

Please List 3 Personal References:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Work History

List in order starting with most resent

Name Of Employer: _____ Job Title: _____

Address: _____ State _____ Zip Code _____

Supervisor's Name & Phone Number: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Name Of Employer: _____ Job Title: _____

Address: _____ State _____ Zip Code _____

Supervisor's Name & Phone Number: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Name Of Employer: _____ Job Title: _____

Address: _____ State _____ Zip Code _____

Supervisor's Name & Phone Number: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Name Of Employer: _____ Job Title: _____

Address: _____ State _____ Zip Code _____

Supervisor's Name & Phone Number: _____

Dates of Employment: Start _____ End _____

Reason for leaving: _____

Personal Information Sheet

Spouse Name: _____ Cell Phone: _____

Employer: _____ Address: _____

Work Phone: _____ EXT: _____ Date Of Birth: _____

Dependents

Name: _____ Date Of Birth: _____

Name: _____ Date Of Birth: _____

Name: _____ Date Of Birth: _____

Name: _____ Date Of Birth: _____

Name: _____ Date Of Birth: _____

Name: _____ Date Of Birth: _____

Medical Information

Height: _____ Weight: _____

Eye Color: _____ Corrective Lens: Y/N

Hair Color: _____ Race: _____

Sex: M/F Blood Type: _____

Known Medical Conditions: _____

List all Allergies: _____

Family Doctor: _____ Phone: _____

Equipment Information

Head Size: _____ Shirt Size: _____

Coat Size: _____ Sleeve Length: _____

Waist Size: _____ Inseam Length: _____

Shoe Size: _____ Boot Size: _____

Glove Size: _____

Emergency Contact Information

1st

Name: _____ Relationship: _____

Address: _____ State: _____

Phone: _____ Cell: _____ Work: _____

2nd

Name: _____ Relationship: _____

Address: _____ State: _____

Phone: _____ Cell: _____ Work: _____

3rd

Name: _____ Relationship: _____

Address: _____ State: _____

Phone: _____ Cell: _____ Work: _____

Education and Training

High School Diploma or GED: Y/N **A copy of the Diploma is REQUIRED**

School Name & Location: _____

College: Y/N

College Name & Location: _____

Did You Graduate: Y/N **A copy of the Diploma is REQUIRED**

What was your Major/Minor: _____

Vo Tech or other School: Y/N

School Name & Location: _____

Did you Complete: Y/N **A copy of the Certificates is REQUIRED**

Courses Taken: _____

Please Check all that apply (Copies of Certificates are Required)

Fire Fighter 1: _____ Hazmat Awareness: _____ CPR: _____

Fire Fighter 2: _____ Hazmat Operations: _____ First Responder: _____

Hazmat Tech: _____ EMT-B: _____

EMT-P: _____

License Number: _____ Expiration Date: _____

List all other training and provide copies of certificates if available.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF MEMBERSHIP IS GRANTED, ANY FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. IF MEMBERSHIP IS GRANTED I AGREE TO CONFORM TO THE ORGANIZATIONS POLICES, PRACTICES, AND PROCEDURES. I AUTHORIZE ANY AGENT OF THE ORGANIZATION TO VERIFY MY STATEMENTS BY ANY MEANS NECESSARY.

APPLICANTS SIGNATURE

DATE

Official use only

Membership Approved Date: _____ Fire Chief: _____

Probation Completed Date: _____ Training Coordinator: _____

