

# Southfork Fire Department Membership Application

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## PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (M.I.)

Physical Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years at Present Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License # \_\_\_\_\_ Class & Endorsements \_\_\_\_\_ Exp. \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Spouses Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do You Own a Vehicle? \_\_\_\_\_  
(Year) (Make) (Model)

Have you ever been convicted of a criminal offense? \_\_\_\_\_  
List any: \_\_\_\_\_

## EDUCATION

High School Graduate / GED: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

College(s) attended and degrees obtained. \_\_\_\_\_  
\_\_\_\_\_

Military \_\_\_\_\_  
(Branch) (Rank) (Dates)

## EMPLOYEMENT

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Years/months with current employer \_\_\_\_\_

Current work hours \_\_\_\_\_

Could you respond from work Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_

Years/months with previous employer \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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HEALTH

Have you ever been treated for medical problems involving (check those that apply)?

Back \_\_\_\_\_ Heart \_\_\_\_\_ Respiratory \_\_\_\_\_

Have you been treated by a physician or hospitalized in the past three (3) years? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Do you have any physical limitations, which could affect your abilities as a firefighter?

If yes, please describe \_\_\_\_\_

ADDITIONAL INFORMATION

Have you ever served on a fire department Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list department \_\_\_\_\_

(Name) (City) (State)

(Chief officer) (Phone #)

(Highest level achieved)

List previous fire service training \_\_\_\_\_

List any other fire service/EMS/rescue related training and/or certifications \_\_\_\_\_

Why do you wish to become a member of this organization? \_\_\_\_\_

REFERENCES

List two local references you have known for at least two (2) years.

(Do not list relatives or former employers)

NAME PHONE # LENGTH OF TIME KNOWN

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all information contained within this application is true to the best of my knowledge. I understand that by signing this application, the fire department will be contacting my employer and may also make inquiries as to my character, driving record, and criminal record, if any.

Applicant's Signature

Date