

Wapiti Valley Fire Department Membership Application

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 _____

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