

West Willow Fire Company

New Member Application \_\_\_\_\_ date \_\_\_\_\_

Primary Interest: Firefighter Jr. Firefighter Fire Police Associate Auxiliary

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status M S Sex M F Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Type \_\_\_\_\_ Date of last physical \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Do you have any medical or physical limitations, which may not allow you to perform required duties of your Primary interest? Yes No If yes, please explain: \_\_\_\_\_

Employed by \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

(Junior applicants list school attending and current grade)

Training: (List any fire or medical certifications, and have proof of certification, if requested)

List any specialized training or skills \_\_\_\_\_

Do you have a current driver's license? Yes No Is it revoked or suspended? Yes No

Do you have a criminal history as an adult? If yes, explain: \_\_\_\_\_

List three references. Include name, phone number, and address. Do not include persons related to you, previous employers, or active West Willow Fire Company members.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Beneficiary Designation    Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Person to contact in case of emergency Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Recommended by (active West Willow Fire Company member) \_\_\_\_\_

I authorize the West Willow Fire Company to do a background investigation, including Criminal background and driver's license check, if applicable. I also authorize the investigation of all statements made on this application and understand that any misrepresentation or omission of facts is cause for suspension or dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian of Junior applicant must sign and date to give consent.

Parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

-----Fire Company Use-----

Date probation begins \_\_\_\_\_

By Fire Company President \_\_\_\_\_

Recommendation of membership committee      accept      reject

Reason for rejection \_\_\_\_\_

Date regular membership accepted or rejected \_\_\_\_\_

By Fire Company President \_\_\_\_\_

Equipment Issued: Helmet    Coat    Bunker pants    Rubber boots    Gloves    Hood    Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_