

# Frankton Volunteer Fire Department, Inc.

## Membership Application

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Address (No P.O. Boxes):

Street Number and Name: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Drivers License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Employment History:

List all Employers for the last five years, beginning with most recent:

(1) Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(2) Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(3) Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(4) Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Normal Hours of Work:

M \_\_\_ - \_\_\_ T \_\_\_ - \_\_\_ W \_\_\_ - \_\_\_ Th \_\_\_ - \_\_\_ F \_\_\_ - \_\_\_ S \_\_\_ - \_\_\_ S \_\_\_ - \_\_\_

Any Prior Military Service: \_\_\_\_\_ If Yes, Date: From \_\_\_/\_\_\_/\_\_\_ - To \_\_\_/\_\_\_/\_\_\_

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Background Information:**

Have You Ever Been Arrested for a Felony: Y or N

If yes, explain:

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Have You Ever Been Convicted of a Felony: Y or N

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Have You Ever Been Convicted of a Misdemeanor: Y or N

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Are You Now, or Have You Ever Been Under Investigation, Indictment or Probation for any Felony or Misdemeanor: Y or N

If yes, explain on reverse side of application.

**Medical History:**

Have you ever been treated for, do you presently have, or have you ever had any of the following conditions: Explain any conditions on reverse side of application.

Heart Disease \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Seizures \_\_\_\_\_

Fear of Heights \_\_\_\_\_  
Claustrophobia \_\_\_\_\_

In the past two years have you used any illegal drugs: Y or N

**Education:**

Where Did You Attend High School:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you Graduate: \_\_\_\_\_ Year: \_\_\_\_\_ If not, GED: \_\_\_\_\_

College:

Name: \_\_\_\_\_ Did you Graduate: \_\_\_\_\_

Previous Fire Fighting Experience:

Do you Have Any Previous Experience: Y or N

If yes, are you currently associated with another department: Y or N

Name of Department: \_\_\_\_\_

Do you have any fire or EMS Certifications? If yes, include copies of all certifications, including CPR.



**Review Your Application and Read Following Statements Before Signing:**

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understand the questions regarding my criminal history and background, and that I have truthfully and fully answered the questions.

I also authorize the Frankton Volunteer Fire Department and its members to obtain any needed records such as driving, criminal history, educational and medical. I also agree to assist in any way necessary to obtain this information. By signing I authorize the Fire Department and its members to contact my references and previous employers listed on this application for the purpose of obtaining this information.

I also understand that as a member of the Frankton Volunteer Fire Department I will be subject to drug screening, annual evaluations by medical personnel in accordance with departmental drug policies, physical requirements and IOSHA standards governing fire department personnel.

I understand that failure to answer all questions truthfully will disqualify my application from consideration as a member of the Frankton Volunteer Fire Department.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Include Copies of your:

- Drivers License
- Any Firefighting Certifications
- Any EMS Certifications

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Department Use Only Do Not Write Below This Line

Driving Record \_\_\_\_\_ Criminal Background Check \_\_\_\_\_ References \_\_\_\_\_  
Interview \_\_\_\_\_

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Date: \_\_\_\_\_

