

**ATWELL TOWNSHIP VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR FIREFIGHTER**

FULL NAME: _____ DATE: _____

ADDRESS: _____

BIRTH DATE: _____ AGE: _____ SSN: _____

NCDL#: _____ CLASS: _____ EXP DATE: _____ BLOOD
TYPE: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ FT: _____ PT: _____ SHIFT: _____

POSITION APPLYING FOR (Mark all that apply): Firefighter: _____ Medical: _____ Volunteer: _____ Paid: _____

CERTIFICATIONS: (FF, EMT, etc.) _____

FIRE/RESCUE EXPERIENCE: _____

**OTHER DEPARTMENT
AFFILIATIONS:** _____

- Do you have any physical or mental problem that may prevent you from performing the normal duties of a firefighter?
YES: _____ NO: _____
- Are you now, or have you ever taken any illegal drugs, or used alcoholic beverages excessively: YES: _____ NO: _____
- Are you currently taken any medications: YES: _____ NO: _____
- Have you ever been convicted of a crime, including traffic citations: YES: _____ NO: _____

IF ANY QUESTIONS ARE ANSWERED YES, EXPLAIN ON BACK

I HEREBY MAKE APPLICATION FOR MEMBERSHIP, AND IF ELECTED AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ORGANIZATION. I HEREBY CONSENT TO A CRIMINAL HISTORY BACKGROUND CHECK. I UNDERSTAND THERE IS A Twelve (12) MONTH PROBATIONARY PERIOD, AT WHICH TIME THIS APPLICATION WILL BE REVIEWED BY THE CHIEF AND THE OFFICERS FOR FINAL ACCEPTANCE.

I, ACKNOWLEDGE, WITH MY SIGNATURE, THAT ALL THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATIONS ARE GROUNDS FOR DISMISSAL.

If applicant is a minor. Parent or Guardian must sign with relationship.

Parental Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

(6 Months/ 12 Months) Probationary Start Date: _____ Chief Signature: _____

Membership Start Date: _____ Accepted: _____ Not Accepted: _____

Chief Signature: _____ Date: _____