

Perry Township Volunteer Fire Department, Inc.

Application for Membership

Full Name: _____ Date: _____

Address: _____ Phone #: _____

Cellular # (optional): _____ Pager # (optional): _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____ SSN: _____

Driver's License/ID Number: _____

Spouse Name (If Applicable): _____

Internet Email Address (If Applicable): _____

Present Employer: _____ Position: _____

Address: _____ Length of Employment: _____

Work Schedule: _____

Previous Employer: _____ Position: _____

Address: _____ Length of Employment: _____

Education/Training (Select Last Year Completed) High School: 9, 10, 11, 12

College/Vocational/Graduate: 1, 2, 3, 4, 5, 6, 7, 8

Name

Address

High School: _____

College/Vocational: _____

Type of Membership Desired: Active Class; A B C
Cadet Associate

What Prompted your Application? _____

Special Skills, training and/or experience. _____

Do you have any physical handicaps or disabilities that may interfere with your duties as a fire fighter? No Yes _____

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Have you ever been convicted or made a plea on a felony arrest?

() No () Yes (A conviction/plea will not necessarily disqualify you for consideration.)

If yes, please explain. _____

Have you ever been convicted or made a plea on a violation of the Controlled Substance Laws?

() No () Yes (A conviction/plea will not necessarily disqualify you for consideration.)

If yes, please explain. _____

Personal References:

Name

Address

Phone #

To the Board of Directors of the Perry Township Volunteer Fire Department, Incorporated: I hereby certify that the information on this application is correct to the best of my knowledge. I have read the Letter to Applicant. You have my permission to contact references and to investigate my criminal and driving records and to furnish the information to any required agency. I affix my signature in evidence thereof.

Applicant Signature

Date

Office Use Only

30 DA _____

6MP _____

ACS _____