

FAIR HARBOR FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP

_____ 19 _____

To the Officers and Members of the Fair Harbor Fire Department:

The following individual wishes to apply for membership in the above stated Organization.

Name _____ Telephone _____

Street _____

City _____ State _____ Zip _____

How long at the above address? _____

Marital Status _____ If married, spouse's name _____

Male or Female _____ Age _____ Birthdate ____/____/____

EDUCATION

High School _____ Date Graduated _____

Address _____

College or Trade School _____ Date Graduated _____

Address _____

Other _____

EMPLOYMENT

Present Employer _____ Telephone _____

Address _____

Regular Working Hours _____ Length of Employment _____

List other employers in the last three years:

<u>Employer</u>	<u>Address</u>	<u>Dates worked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH

Height _____ Weight _____ Blood Type _____

Do you have any physical or mental conditions which may hinder your activities as a firefighter? _____

If so, what? _____

Do you have any known allergies? _____

REFERENCES

Name _____ Address _____ Phone Number _____

GENERAL

Have you ever been convicted of a crime or are now under charges for any crime? (This does not include simple traffic violations) _____

If so, what? _____

Have you ever belonged to a fire company before? _____

If so, where and when? _____

Do you have any special qualifications or skills? _____

If so, what? _____

Status (type of member) _____

I hereby certify that the above information is complete and correct to the best of my knowledge.

Date

Signature of Applicant

Date Received

Signature of Company Secretary