

ATTICA FIRE DEPARTMENT
Application for Membership
 (Pre-Membership Questionnaire)

PERSONAL INFORMATION

Date _____

Name _____

Present Address _____

Street

Phone _____

City

State

Zip

How long have you lived at this address? _____

Permanent mailing address? _____

Street

City

State

Zip

Social Security Number _____ Are you 18 years old or older? _____

Are you a citizen of the United States of America? _____

Have you ever been convicted of a crime? If so, please explain when, where, and the nature of the offense.

MEMBERSHIP CATEGORY DESIRED Regular (Firefighter) _____ Axillary (Non-firefighting) _____

Position _____ Date you can start _____

Employer _____ Hours worked per week? _____ Shift _____

Have you ever applied for membership before? _____ If yes, please state application date _____

Have you been a member before? _____ If yes, please state the dates of membership _____

Education	Name and Location of School	Years	Graduate	Subjects Studied
Grammar School	_____			_____
	_____			_____
High School	_____			_____
	_____			_____
College	_____			_____
	_____			_____
Trade, Business School	_____			_____
	_____			_____

GENERAL INFORMATION

Subjects of Special Study or Research Work _____

What special work experiences have you had? _____

What foreign languages do you speak or write fluently? _____

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U. S. Military Service? _____ Branch? _____ Rank? _____ Years of Service _____

Present Membership in Guard or Reserves? _____

REFERENCES: Give names of three persons not related to you, whom you have known at least one year.

Name	Address	Job	Years Known

HEALTH RECORD: Do you have any impairments, physical, mental, or medical, which would interfere with your ability to do the job for which you have made application?

Reason for Application/Areas of Interest _____

Completion of this part of the application is optional and will not result in adverse treatment.

In Case of
 Emergency Notify _____

Name	Relationship	Phone with A/C
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance as a member of this organization is for no definite period and may be terminated with just cause at any time without previous notice.

Date _____ Signature of Applicant _____

Do Not Write Below This Line

Interviewed by _____ Date _____

Neatness		Character	
Personality		Ability	

Granted/Denied _____ Membership Category _____ Starts _____

Membership Committee Chair _____ Committee person _____ Committee person _____