



# WEST WHITELAND FIRE CO.

## - Membership Application -

### Personal Data: ( Please Print )

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mobile Phone: (     ) \_\_\_\_\_ Social Security No: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ Class(es): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Vehicle Information:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag No: \_\_\_\_\_

### Membership Type:

Active Firefighter     Fire Police     Administrative

Prior Experience or Training: \_\_\_\_\_

### Employment:

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Criminal Record:**     Yes     No

If yes, list dates and description of felony and misdemeanor convictions, sentence and location of court:

\_\_\_\_\_

In considering your application for membership, Fire Company will only consider those convictions that relate to the duties of a member of the Fire Company.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature (if a minor): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the facts I have submitted in this Application are true and complete to the best of my knowledge, I understand the Fire Company will make a thorough investigation of the information I have supplied. In addition I understand that the Fire Company will conduct a Background Check on me. The Applicant agrees to sign whatever written authorizations are necessary to complete said investigations. The facts that are developed will be used solely to evaluate your eligibility for membership in the Fire Company.

In addition, if I am found to be suitable for membership and the members of the Fire Company approve my application for membership, that membership shall be contingent on my taking and passing an Occupational/Medical History and Physical Exam, which shall determine whether I am sufficiently healthy enough to be a member of the Fire Company. The Medical Examination, which the Fire Company will pay for, may consist of but is not limited to the following: review of medical and occupational history, height, weight, blood pressure, vision, respirator clearance.

### TO BE COMPLETED BY WEST WHITELAND FIRE COMPANY:

Approved     Not Approved    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_