



<b>INDICATE TYPE OF MEMBERSHIP</b>	<input type="checkbox"/> <b>FIRE</b>	<input type="checkbox"/> <b>JUNIOR FIRE</b>
------------------------------------	--------------------------------------	---------------------------------------------

**APPLICATION MUST BE COMPLETE ~ UNANSWERED SECTIONS MAY RESULT IN REJECTION**

***Personal Information***

Last Name		First Name		Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Current <u>Mailing</u> Address					DOB (MM-DD-YY)
Town, State, Zip					Social Security Number
Current <u>Home</u> Address					Home Phone Number
Town, State, Zip					Driver's License Number
How long at this address?	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's (or Partner's) Name	# of dependents	Driver's License Class

**\*\* Must submit a photocopy of Driver's License**

***Employment Information***

Current Employer			Work Phone Number	
Address			How Long at this job?	
Town (or City), State, Zip			Position Held	
Days Worked	Hours Worked	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not retired, reason unemployed.	
Additional Comments				

***Education and Background Information***

High School	State	Course/Degree	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what Year?
College	State	Course/Degree	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what Year?
Tech/other	State	Course/Degree	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what Year?
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain.		
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain.		
Do you have a clean driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, list points/convictions and dates.		
Do you belong to any other organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, list.		
Additional Comments				

### ***Military Service***

Served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which Branch?	Length of Service	Type of Discharge
Currently in the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide information		
Additional Comments			

### ***Previous Experience and Training***

Have you ever been or are you now a Fireman?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If No, skip to the next section</i>
<i>If Yes, complete the following:</i>				
Fire Dept/Co. Name	City, State	Highest Position Held	Service Dates	Reason for leaving
List Schools, training, certificates, valid cards, etc. relevant to firefighting duties; provide dates (and expiration if applicable)				

### ***Medical History***

***\*PLEASE NOTE: IF YOUR APPLICATION IS ACCEPTED, YOU MUST PASS A PHYSICAL EXAM (AT OUR EXPENSE) BEFORE YOU ARE APPROVED FOR PROBATIONARY MEMBERSHIP. YOU SHOULD BE PHYSICALLY FIT TO PERFORM REQUIRED/EXPECTED DUTIES.***

**Pertinent Medical History:**

List any major surgeries/dates:

List any disabling injuries/dates:

List any other pertinent medical information which may affect your performance of duties as a member of this department:

Check the applicable box(es):	<input type="checkbox"/> Fear of heights	<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Neither
-------------------------------	------------------------------------------	-----------------------------------------	----------------------------------

### ***Please provide two character references***

Name	Address	Phone
Name	Address	Phone

### ***Why do you want to join our organization?***


**\*\*\*\*Review your answers carefully and read the statements below before signing. \*\*\*\***

- *I, the undersigned, certify that the information I have provided in this application is true and complete to the best of my knowledge.*
- *I understand that, should any information I have provided later prove to be misleading, false or erroneous, it may result in the rejection of my application or in my subsequent dismissal from the Van R. Rhodes Volunteer Fire Company, Inc.*
- *I understand that I will serve a one-year probationary period and upon completion, may be accepted or rejected, by a vote of the Fire Company, as a full active member. The vote will be based upon my performance and fulfillment of the necessary training requirements during my probation. Violations of the Company By-Laws may result in termination during the probation period.*
- *I agree to abide by the rules, regulations and By-Laws of the Van R. Rhodes Volunteer Fire Company, Inc. both as a probationary member and as a full active member.*
- *I further agree that upon resignation or termination of my membership, I will return all items and equipment issued to me and owned by the Van R. Rhodes Volunteer Fire Company, Inc., including, but not limited to; pager/radio, protective gear, uniforms, and any other items entrusted to me.*
- *By signing below, I authorize the Van R. Rhodes Volunteer Fire Company, Inc. to investigate my personal background based on the information I have provided.*
- *I understand that, as a Junior Member, failure to maintain a passing GPA in school may result in my subsequent suspension or dismissal from the Van R. Rhodes Volunteer Fire Company, Inc.*

<b>Signature of Applicant</b>	<b>Date</b>

<b>Signature of Parent or Guardian (for Junior Members)</b>	<b>Date</b>

<b>Signature of School Official validating a passing GPA (for Junior Members)</b>	<b>Date</b>

<b>Application must also be signed by a Member of the Van R. Rhodes Volunteer Fire Co., Inc.</b>	
<b>COMPANY SPONSOR:</b>	

**\*\*\*\*\*THIS SECTION FOR COMPANY USE ONLY\*\*\*\*\***

*Application read to the Company at the Regular Company Meeting:*

*Applicant notified via phone/mail on: \_\_\_\_\_ to be present for an interview at the firehouse on: \_\_\_\_\_*

**Investigating Committee Report:**

*The Committee met with the applicant on \_\_\_\_\_ and we find this person to be favorable/unfavorable for the following reasons:*

---



---



---

**Signed:**


*DCJS-9 sent on: \_\_\_\_\_ Response received on: \_\_\_\_\_ Results \_\_\_\_\_*

*Company Vote for probationary membership held on: \_\_\_\_\_ IN (    ) OUT (    ) Abstained (    ) Officer Signature: \_\_\_\_\_*

*Forwarded copy to Commissioners for review/approval on: \_\_\_\_\_*

*Response received from Commissioners on: \_\_\_\_\_ Approved    Not Approved*

<i>Name</i>
<i>Member Number</i>
<i>Date Active</i>