

MILITARY SERVICE

Branch _____ Rank _____ Date/Type of Discharge _____

PREVIOUS EXPERIENCE

Have you applied or held membership in any other Fire Company? (Yes/ No)
(If so, list the name and address of that Fire Company)

Number of active years of Firefighting _____ List any Positions Held _____

List any training, certifications, or qualifications related to Firefighting/Rescue/EMS:

REFERENCE INFORMATION

List below the names of at least three people that personally have known you for at least two or more years that are not related to you:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS ACQUAINTED</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

(continued on next page)

MEDICAL HISTORY

List any physical or medical problems that may limit or restrict your abilities to perform tasks related to fire fighting: *(responder / fire police applicants only)*

In case of an Emergency (List a contact name, address, and phone number):

1. _____

2. _____

Hospital preference: _____

Family Doctor: _____

CRIMINAL HISTORY INFORMATION

List any Felony, Misdemeanor, or Summary CONVICTIONS *(include municipality and date)*

List the previous addresses of residence over the past 7 years:

APPLICANT AGREEMENT

I authorize reference checks and criminal history background checks to verify any statements contained in this application. I understand that misrepresentation or omissions of facts are cause for membership rejection, dismissal, or disciplinary action at the time such facts are verified.

(continued on other side)

I agree to accept the provisions of Law II, Section I under members of the Upper Leacock Fire Company by-laws which reads: All persons seeking active membership to the Upper Leacock Fire Company, shall complete an "Application for Membership" form obtainable from any Fire Company Officer. Upon completing this form, it will be reviewed by the Membership Committee a criminal background check performed, and within a reasonable length of time, submitted to the Company with a recommendation for rejection or approval. Upon approval, the prospective member will be placed on probation for one (1) year and assessed the sum of \$1.00, which shall be his/her dues for that calendar year. The elected officers of the Company may disqualify a member on probation at any time during the first year following a recommendation of the membership committee and a majority vote.

I also agree that all Fire Company property issued to me, such as Protective Turn Out Gear and Alerting Pagers, may be ordered to be returned to the Fire Company during disciplinary action or for failing to maintain an active status. In such a case the issued items must be returned within 10 days of verbal or written notification. I understand that failure to comply may result in civil action taken against me and restitution may be ordered for those items.

MY SIGNATURE BELOW CERTIFIES THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF MEMBERSHIP

_____ Date _____

_____ If applicant is a minor, signature of parent or legal guardian

_____ Date

The Upper Leacock Fire Company is an equal opportunity organization. Applicants are treated without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, medical condition, previous experience or disability.

Applicant -- Do Not Write Below This Line

APPLICATION DISPOSITION

Application received date: _____ Application reviewed by: _____

Proposed by: _____ Date: _____

Criminal background check performed: (YES / NO) By: _____

Reference check performed: (YES / NO) By: _____

Recommended for Membership: (YES / NO) Date Approved as a Member: _____

Dues received: (YES / NO) Membership ID #: _____

Comments/Remarks _____

