

# Daugherty Twp. Vol. Fire Department

## APPLICATION FOR MEMBERSHIP

Prospective Member will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

<b>P E R S O N A L</b>	Last Name			First	Middle	Age	Birth Date
	Street Address					Home Telephone ( )	
	City, State, Zip					City, Borough or Township	
	Driver's License Number		Do you have vehicular insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #	
	Vehicle Make		Model		Year	Color	Registration
	Have you been a member of any other Fire Dept.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Dept.?					Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent	
	Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full.						

<b>M E D I C A L</b>	Past Medical History			Family Physician	
	Medication			Do you have physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Allergies			Do you wear contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In case of emergency notify -			Home Telephone ( )	
	Address			Business Telephone	

<b>B E N E F I C I A R Y</b>	Last Name			First	Middle	Home Telephone ( )	
	Street Address					Relationship	
	City/State/Zip						

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (    )
	Address	Employed From                      To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

<b>2</b>	Company Name	Telephone (    )
	Address	Employed From                      To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

# REFERENCES

<b>1</b>	Last Name                      First                      Middle	Telephone (    )
	Address	Relationship
	City, State, Zip	Length of Relationship From                      To

<b>2</b>	Last Name                      First                      Middle	Telephone (    )
	Address	Relationship
	City, State, Zip	Length of Relationship From                      To

<b>3</b>	Last Name                      First                      Middle	Telephone (    )
	Address	Relationship
	City, State, Zip	Length of Relationship From                      To

E D U C A T I O N	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fire or EMS Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fire or EMS Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what Branch?
	Describe any training received relevant to the Fire Department: _____ _____	

<b>REASON FOR JOINING</b>

<b>S I G N A T U R E</b>	I realize that Daugherty Township Volunteer Fire Department is not a Social Club and I as a member will give freely of my time to attend Fire Calls, Meetings, Drills, Work Nights and help on Committees.
	I understand the information provided above is true, correct, and complete.
Date	Signature

**For Fire Department Use ONLY**

<b>R E F E R E N C E  C H E C K</b>			<b>Results</b>
	1		
	2		
	3		
	4		

<b>C O M M E N T S</b>	

<b>A C C E P T E D</b>	Probation <span style="float: right;">Active</span>
	_____ Date <span style="float: right;">_____</span> <span style="float: right;">Date</span>

<b>INVESTIGATING COMMITTEE</b>	
1.	3.
2.	4.