

DAYVILLE FIRE CO.

APPLICATION FOR MEMBERSHIP

(Please Print)

Membership: Regular ___ Junior ___

Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Previous address if less than one year:

Telephone Number : _____ Date of Birth : _____

Social Security Number : _____

Driver's License Number : _____

Class: _____ Restrictions: _____

Employed By : _____

Address : _____

Have you ever been convicted of a felony : ___ Yes ___ No

If yes please explain : _____

Have you ever had any motor vehicle convictions in the last five years? ___ Yes ___ No

If yes please explain : _____

Have you ever been a member of a fire company before? ___ Yes ___ No

If yes which one and where. Also list any rank held and type of training and fire schools attended.

Are you a E.M.T. or M.R.T.? ___ Yes ___ No

If yes, which one. Also list license number and expiration date. _____

Have you received the Hepatitis B series shots? ___ Yes ___ No

If yes please supply dates. First Shot _____ Second Shot _____ Third Shot _____

If no, do you wish to receive them when it becomes available? ___ Yes ___ No

References:

Please Print. Must be filled in.

Name	Telephone Number
_____	_____
_____	_____
_____	_____

With the signature below I give the Dayville Fire Co. and/or the Dayville Fire District permission to contact my Employer, and References.

Three members of the Dayville Fire Co. that you may know.

Please Read:

The Dayville Fire Co. and the Dayville Fire District is an Equal Opportunity Employer and has a policy of non-discrimination in all matters pertaining to race, color, religion, national origin, ancestry, citizenship, marital status, age, sex, physical or handicap or veteran status. The Company and District complies with the Civil Rights Act of 1964 and Executive Order 11246 and all other applicable federal and state laws.

The above information listed is correct to the best of my knowledge.

Signature and Date