

WEST LAKE FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP TO THE WEST LAKE FIRE DEPARTMENT

DATE: ___ / ___ / ___

PERSONAL:

(FIRST NAME) (MIDDLE INITIAL) (LAST NAME) SOCIAL SECURITY #: _____

(ADDRESS) PHONE #: (____) ____ - _____

(CITY) _____
ZIP _____
YRS @ RESIDENCE

(LAST PREVIOUS ADDRESS)

____ / ____ / ____ HEIGHT: _____ WEIGHT: _____
(DATE OF BIRTH)

MARRIED: _____ SINGLE: _____

DO YOU HAVE ANY SPECIAL SKILLS? IF SO, PLEASE EXPLAIN:

PENNSYLVANIA DRIVERS LICENSE #: _____ CLASS: _____

IN CASE OF AN EMERGENCY, NOTIFY: _____

PHONE #: (____) ____ - _____ RELATIONSHIP: _____

NAME OF PEOPLE YOU KNOW IN THE WEST LAKE FIRE DEPARTMENT:

EDUCATION:

(NAME & LOCATION OF SCHOOL) (DID YOU GRADUATE?) (DIPLOMA, DEGREE OR GED)

PERSONAL REFERENCES:

(NAME) (ADDRESS) (PHONE NUMBER)

(NAME) (ADDRESS) (PHONE NUMBER)

(NAME) (ADDRESS) (PHONE NUMBER)

PREVIOUS FIRE DEPARTMENT MEMBERSHIP:

(NAME OF FIRE DEPARTMENT)

(ADDRESS) (PHONE NUMBER)

FROM: _____ TO: _____ CONTACT PERSON: _____

REASON FOR LEAVING:

FIRE / EMS COURSES ATTENDED:

NAME OF COURSE	HOURS	CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(ATTACH ADDITIONAL SHEET IF NECESSARY)

EMPLOYMENT HISTORY:

EMPLOYER NAME & ADDRESS	POSITION	YRS EMPLOYED	SUPERVISOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY MEDICAL PROBLEMS OR PHYSICAL CONDITIONS:

CURRENT MEDICATIONS: _____

DATE OF LAST PHYSICAL: _____ FAMILY DOCTOR: _____

EVER BEEN CONVICTED OF A CRIME? YES NO

STATE NATURE OF CRIME IF ABOVE IS YES:

WEST LAKE FIRE DEPARTMENT RECOMMENDING MEMBERSHIP (IF APPLICABLE):

(SIGNATURE) (DATE)

I AGREE THAT ANY FALSE STATEMENT IN THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION OF MEMBERSHIP. I AUTHORIZE THE WEST LAKE FIRE DEPARTMENT TO OBTAIN INFORMATION ON CRIMINAL ACTIVITY IF ANY I MAY HAVE BEEN INVOLVED IN. I FURTHER UNDERSTAND THAT ANY SUCH INFORMATION MAY BE USED IN DETERMINING MY MEMBERSHIP IN THE WEST LAKE FIRE DEPARTMENT. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE OF APPLICANT)

(DATE)

DO NOT WRITE BELOW THIS LINE

DATE OF INTERVIEW: _____

INTERVIEWED BY: _____

READING DATE: _____

DATE ACCEPTED AS PROBATIONARY MEMBER: _____

PROBATION FROM: _____ TO: _____

REMARKS:
