

**DUNNS CORNERS FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

Name: _____ SS No.: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____ D.O.B.: _____

Age: _____ Height: _____ Weight: _____ Blood Type: _____

Driver's License No.: _____ State: _____ CDL: Y N

EMT License: None / Basic / Cardiac / Paramedic # _____

Medical History (Serious illnesses and/or medications you are currently taking and why):

Previous Firefighting/Emergency Services Experience:

List any State in which you have lived in the last 10 years:

Additional Information:

Do you now, or have you used illegal drugs? Yes _____ No _____

Have you ever been either: Charged or convicted of a criminal offense: Yes _____ No _____
Pled *nolo contendere* to a criminal offense: Yes _____ No _____

(If yes, explain below):

Has your driver's license ever been suspended? Yes _____ No _____

Have you ever been dismissed from another fire department or rescue service?

(If yes, explain below): Yes _____ No _____

I understand that:

A. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information.

B. In signing this application, I have read the attached information and apply for membership in the Dunn's Corners Fire Dept. I confirm the information that I have given on this form is true and correct.

Applicant Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____