

Name: \_\_\_\_\_

Last

First

Middle

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

Street

City

State

Zip Code

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Sex (circle) M or F Married (circle) Y or N Blood type: \_\_\_\_\_

Other identifying marks: \_\_\_\_\_

Time available for response- Day \_\_\_\_\_ Night \_\_\_\_\_ Both \_\_\_\_\_

Any previous fire or medical training: \_\_\_\_\_

F.F. cert #: \_\_\_\_\_ Agency name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone: ( ) \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

*(A copy of your License and Proof of Insurance must be submitted with your application)*

Date of application: \_\_\_\_\_

Date retired or resigned: \_\_\_\_\_

Reason for retirement or resignation: \_\_\_\_\_

***Please read carefully***

***In submitting this application for membership, I understand that an investigation may be made, whereby information is obtained regarding my character, employment, general reputation, criminal history and driving record. I authorize anyone possessing this information to furnish it to a representative from the Park Hills Fire Department and I release anyone authorized from the Park Hills Fire Department from all liability and damages whatsoever in furnishing, obtaining or using said information***

***In the event of membership, I understand that false or misleading information given in my application or interview may result in immediate termination of membership. I understand that as a member, I am required to abide by all by-laws and S.O.G's of the Park Hills Fire Department. I also understand that all equipment issued to me by the Park Hills Fire Department is the property of the Department and will be returned at the request of the administration or at my separation from the Department.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_