



Walls Fire Department

6085 Hwy 161
Walls, MS 38680

Phone (662)781-2020; Fax (662)781-9918

Chief
Mike Hancock

Deputy Chief
Erik Creasy

APPLICATION

Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ - _____ Cell Number: (____) _____ - _____

E-mail address: _____

Occupation: _____

Employer: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Drivers License Number: _____ State: _____

Have you had a driver's license in any other state in the past 10 years? Yes No

If yes, what state? _____

Any moving violations? Yes No . If yes; what was the violation(s): _____

Have you ever been arrested? Yes No

If yes, explain below.

Understand that a criminal conviction will not automatically disqualify you from becoming a member of this department.



Walls Fire Department

6085 Hwy 161
Walls, MS 38680

Phone (662)781-2020; Fax (662)781-9918

Chief
Mike Hancock

Deputy Chief
Erik Creasy

APPLICATION

List any documented training that will benefit the department or provide certificate of training you have at the present time: _____

Why do you want to be a member of the Walls Fire Department?

Please list two references:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Thank you for you interest in the Walls Fire Department. There will be a background check and driver's license check on every applicant. Please be honest on this application or it will disqualify you from membership from the Walls Fire Department. Application must be filled out in its entirety or will not be processed. By signing below you acknowledge and authorize a background check and drivers license check and authorize that information contained within this application is true and correct to the best of your ability.

Signature of Applicant: _____ Date: _____.

Signature of Parent (**if under 18**): _____ Date: _____.