

PERSONAL INFORMATION

NAME			DATE	
SSN	ADDRESS		D.O.B.	
DL#	PHONE #			
EMAIL ADDRESS				
MARITAL STATUS	☐ MARRIED	☐ SINGLE	BLOODTYPE (IF KNOWN)	
MY PHYSICAL CONDITION IS		MY HEALTH IS		
ALLERGIES		EMERGENCY CONTACT		
RELATIONSHIP TO YOU		PHONE #		
HOW LONG HAVE YOU LIVED IN OR AROUND CISCO?				
HOW FAR DO YOU LIVE FROM THE STATION?				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR MORAL TURPITUDE?				☐ YES ☐ NO
IF YES GIVE DETAILS				

AVAILABILITY & TRAINING

I AM AVAILABLE TO RESPOND TO CALLS DURING:

☐ WEEKENDS ☐ NIGHTS ☐ DAYTIME ☐ ALL FIRES

IF NOT SELF-EMPLOYED, WILL YOUR EMPLOYER ALLOW YOU TO ATTEND FIRES WHILE YOU ARE AT WORK?

☐ YES ☐ NO

DO YOU WORK OUT OF TOWN? IF YES, HOW OFTEN?

CAN YOU ATTEND TRAINING AND FIRE MEETINGS EVERY FIRST AND THIRD TUESDAY AT 6 PM?

☐ YES ☐ NO

IF NO, PLEASE EXPLAIN

DO YOU HAVE RELIABLE TRANSPORTATION

☐ YES ☐ NO

REFERENCES

PLEASE LIST THREE NON FAMILY REFERENCES FOR US TO CONTACT

REFERENCE 1 NAME	PHONE NUMBER
RELATIONSHIP TO YOU	YEARS KNOWN
REFERENCE 2 NAME	PHONE NUMBER
RELATIONSHIP TO YOU	YEARS KNOWN
REFERENCE 3 NAME	PHONE NUMBER
RELATIONSHIP TO YOU	YEARS KNOWN

EMPLOYMENT

PLEASE LIST YOUR CURRENT EMPLOYER

EMPLOYER PHONE NUMBER	YEARS EMPLOYED
SUPERVISOR NAME	SUPERVISOR PHONE NUMBER
MAY WE CONTACT YOUR EMPLOYER AS REFERENCE	
☐ YES ☐ NO	

ADDITIONAL INFORMATION

PLEASE LIST ANY OTHER INFORMATION WE SHOULD KNOW ABOUT YOU

MEMBERSHIP REQUIREMENTS & SIGNATURES

EACH MEMBER MUST RESPOND TO 10% OF WRECKS AND FIRES QUARTERLY. I ALSO UNDERSTAND THAT IF I DO NOT MAKE 10% OF WRECKS AND FIRES I WILL BE EVALUATED BY THE OFFICERS AND POSSIBLY FORCED TO RESIGN. I WILL COMPLETE MY PROBATIONARY TRAINING AND REQUIREMENT WITHIN 6 MONTHS OF BECOMING A MEMBER OR I WILL RESIGN.

FIRE CHIEF DATE (DO NOT FILL OUT)

APPLICANT SIGNATURE