

MITCHELL VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

Name: _____ Social Security No. _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____

HOW LONG AT THIS ADDRESS _____ CITY _____ ST. _____ ZIP _____

DATE OF BIRTH: _____ SEX: _____ HOME PHONE: _____ CELL _____

HEIGHT _____ WEIGHT: _____ ANY PHYSICAL HANDICAPS _____

EVER BEEN CONVICTED OF A CRIME: Y or N

IF YES, DESCRIBE: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED: Y or N

IF YES, DESCRIBE _____

MARITAL STATUS: SINGLE OR MARRIED

HAVE YOU EVER HAD FIREFIGHTER EXPERINCE? Y or N

WHEN: _____ WHERE: _____

REASON FOR LEAVING: _____

CURRENT EMPLOYER: _____

HOW LONG: _____ SHIFT WORKED: _____ DAYS / MIDNIGHTS / AFTERNOONS / SWING SHIFT

TO YOUR KNOWLEDGE DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING:

HEART DISEASE: Y or N	RESP. DISEASE: Y or N	HERNIA: Y or N
PHEUMATIC FEVER: Y or N	FAINING SPELLS: Y or N	EPILEPSY: Y or N
BROKEN BONES: Y or N	TUBERCULOSIS: Y or N	ALLERGIES: Y or N
EMPHYSEMA: Y or N	NERVOUS DISORDER: Y or N	HIV. POS: Y or N

ANY SERIOUS ILLNESS IN THE LAST 5 YEARS: Y or N

IF YES DESCRIBE: _____

DO YOU WEAR GLASSES: Y or N IF YES: ALL THE TIME or FOR READING ONLY

FAMILY PHYSICIAN: _____ PHONE: _____

HAVE YOU EVER DRIVEN A TRUCK: Y or N

IF YES, WHAT TYPE AND SIZE _____

DRIVER'S LICENSE: STATE _____ CLASS _____ EXP. DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY: Y or N

APPLICANT SIGNATURE: _____

DATE: ____ / ____ / ____

THE ABOVE STATEMENTS ARE ALL TRUE AND CORRECT:

DATE: ____ / ____ / ____ APPLICANT: _____

WITNESS: _____ WITNESS _____

MITCHELL FIRE PROTECTION DISTRICT / DEPARTMENT

60 YEARS OF Continuous Service
213 E. Chain of Rocks Road
Mitchell, Illinois 62040
618-931-0161

PONTOON BEACH POLICE DEPARTMENT
1 REGENCY DRIVE
PONTOON BEACH, ILLINOIS 62040

I request that the Pontoon Beach Police Department, with administrative offices located at 1 Regency Drive, Pontoon Beach, Illinois search records of arrest located on those premise for the purpose of verifying I have no records of arrest.

I understand that two forms of identification and the following information will be required prior to the record search and photograph permanently affixed.

Requesters: Name: _____

Date of Birth: ____/____/____ Social Security # _____

Current Address: _____
_____ City and State Zip Code

Signature _____

The above named person has no record of arrest in the administrative files of the Pontoon Beach Department records systems.

The above named person has the below listed arrest with the Pontoon Beach Police Department. If more space is required to list arrests, please use back of form.

Records Clerk: Date: ____/____/____

Arrest: _____

