

# Rensselaer Falls Fire Department Auxiliary



## APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

To the Officers and Members, the following individual wishes to apply for membership in the above stated organization.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

How long have you been at the above address? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, spouse's name \_\_\_\_\_

Gender \_\_\_\_\_ Are you between the ages of 18 and 65? Y  N

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_

Address \_\_\_\_\_

College or Trade School \_\_\_\_\_

Address \_\_\_\_\_

Other \_\_\_\_\_

### EMPLOYMENT

Occupation \_\_\_\_\_

Present Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Regular Working Hours \_\_\_\_\_

**Previous Employers (last three years):**

**Employer**

**Address**

**Dates of Employment**

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**REFERENCES**

**Name**

**Address**

**Phone**

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**GENERAL**

Have you ever been convicted of a crime or are now under charges for any crime?

Y  N  If yes, please explain: \_\_\_\_\_

Have you ever belonged to a fire department auxiliary before?

Y  N  If yes, when and where? \_\_\_\_\_

Do you have any special qualifications or skills?

Y  N  If so, what?

What are your hobbies / interests? \_\_\_\_\_

**ADDITIONAL COMMENTS**

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I hereby certify that the above information is complete and correct to the best of my knowledge.

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**Signature of Applicant**

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**Date**

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**Auxiliary Secretary's Signature**

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**Date Received**

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**Auxiliary Chief's Approval**

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**Date Approved**