

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



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

Signature of Applicant

Date

Auxiliary Secretary's Signature

Date Received

Auxiliary Chief's Approval

Date Approved