



City of Munford Fire Department

Membership Application

Full Name: _____
Nickname: _____
Home Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Communications

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Personal Information

Driver's license #: _____ Class: _____ State: _____
Is Driver's License valid? _____ Yes _____ No Expiration Date: _____
Date of Birth: _____ Age: _____
Place of Birth: _____
Sex: _____ Height: _____ ' _____ " Weight: _____ lbs.
Eye Color: _____ Hair Color: _____
Married: _____ Single: _____ Divorced: _____
Spouse Name: _____ Children Name(s): _____
Spouse Phone: () _____ Work No () _____
Spouse Email: _____
Your Employer: _____
Employer Address: _____
Employers Phone: () _____ How Long: _____
Supervisor: _____
Presently Employed: _____ Yes _____ No
May we contact your employer? _____ Yes _____

Emergencies

Name: _____ Phone: () _____
Address: _____ City: _____ State: _____ Relationship: _____
Medical Insurance: _____ Policy No. _____
Company Phone: () _____

Health Information

In your opinion, what is your current health status? Excellent: _____ Good: _____
Fair: _____ Poor: _____ Bad: _____ Blood Type: _____
Medical History: _____
Disabilities: _____
Limited Disabilities: _____

Baseline Vitals:

Blood Pressure: _____ / _____ Resting Pulse: _____

Please keep in mind that you are applying for membership into an emergency service where you will be expected to perform under extreme conditions. It is **your** responsibility to understand what your body is capable of enduring prior to submission of this application. It is highly recommended to seek medical advice of your personal physician, prior to submitting this application.

Applicant signature: _____ Date: _____

Education History

Circle highest grade completed: 6 7 8 9 10 11 12 GED
High School name: _____ Graduation Date: _____
City: _____ State: _____
College Name: _____ Graduation Date: _____
City: _____ State: _____
Vocational/Trade School: _____ Graduation Date: _____
City: _____ State: _____

Military History

Branch: _____ Service Dates: _____ to _____
Rank: _____ Type Discharge: _____

Specialty Field: _____
National Guard/ Reserve: _____ YES _____ No _____
Rank: _____ Duties: _____
_____ Active _____ Reserves _____ Retired _____ Other

Personal References

List at least 3 individuals (**no family members or relatives or Munford Fire members**) that can answer questions pertaining to your character and moral standings. These individuals will be contacted by Email, phone or letter and should be notified by you of their inclusion in this application. Please include persons that have personal knowledge or contact with you for at least 3 years. **Must be legible and completely filled out.**

Name	Address (Street, City, State, Zip)	Phone	Email

Have you ever been a member of a Fire Department, Rescue Squad, or similar organization?
_____ Yes _____ No

If **yes**, complete the following information pertaining to the previous organization.

Organization _____ Chief _____
Mailing Address: _____ Phone: () _____
City: _____ State: _____ Zip: _____
Type of organization: _____ Date of Service: _____ to _____
Reason for Leaving: _____ Rank: _____
List all related Training: (Please attach copies of certificates) _____

Have you ever been dismissed, terminated, forced to resign, or placed on probation from any position of any employment or volunteer organization? _____ Yes _____ No

If yes explain:

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, either in this application or in the future. Further, I understand and agree that my acceptance is dependent upon the successful completion of a physical agility test, mental aptitude test and possibly a physical examination by a doctor of choice by the City of Munford. I understand and agree that the City of Munford may run a background check as deemed necessary to verify and investigate any information given in this application. I understand that the City of Munford also does Random Drug/Alcohol Testing, for which if I am accepted as a member, agree to submit as requested. I also understand that a personnel folder shall be kept with all my current, past, and future certifications, character and moral references, as well as any disciplinary actions.

Applicant Signature

Date Signed

In a brief paragraph, please state why you wish to join the Munford Fire Department. Please include what the department and community will gain from your membership, what you expect to gain from becoming a member, your future aspirations from this membership, and your own personal goals. This paragraph should be clearly legible and hand written in your own words. Maximum of 250 words but no less than 100 words.