



City of Munford Fire Department

Membership Application

This application must be complete and legible or will be rejected

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

Communications

Home Phone: _____ Cell Phone: _____
Cell Phone Provider: (Verizon, AT&T, Sprint, Etc.) _____
Work Phone: _____ Email: _____

Personal Information

Driver's license #: _____ Class: _____ State: _____
Is Driver's License valid? _____ Yes _____ No Expiration Date: _____
Date of Birth: _____ Age: _____ SS # _____
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 _____ No

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 _____

Employment History

Starting with your last job, list the last (3) employers since age 18. If your last (3) employers do not cover a period of (10) years, list previous employers including self-employment, military, service and volunteers work, to account for (10) years of employment.

Last Employer _____
Street address, City, State: _____
Phone # _____ Starting Date _____ Ending Date _____
Supervisors Name and Title _____
Your Job Title _____ May we contact this employer _____ Y/N
Brief Job description of duties _____
Reason(s) for leaving _____

Next Previous Employer _____
Street address, City, State: _____
Phone # _____ Starting Date _____ Ending Date _____
Supervisors Name and Title _____
Your Job Title _____ May we contact this employer _____ Y/N
Brief Job Description _____
Reason(s) for leaving _____

Next Previous Employer _____
Street address, City, State: _____
Phone # _____ Starting Date _____ Ending Date _____
Supervisors Name and Title _____
Your Job Title _____ May we contact this employer _____ Y/N
Brief Job Description _____
Reason(s) for leaving _____

Personal References

List at least (3) responsible persons (no family members, relatives or Munford Fire Personnel) that can answer questions pertaining to your character and moral standings. These individuals will be contacted by e-mail, phone or letter and should be notified by you of their inclusion in this application. Please list only people that have personal knowledge or contact with you for a least (3) years.

Name _____ **Address** (Street, City, State, Zip) _____ **Phone** (Inc. Area Code) _____ **E-Mail** _____

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:



In a brief paragraph, please state why you wish to join Munford/Atoka Fire Department. Please include what the department and community will gain from your membership, what you expect to gain from becoming a member, your aspirations from this membership, and your own personal goals. This paragraph should be clearly legible and in your own words. Maximum of 500 words but no less than 100 words.

Please read the following statement before signing your application

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or omissions of material facts herein may cause an offer of employment made by the City of Munford to be withdrawn or my employment with the City of Munford terminated. I further understand that all information provided herein is public record and is subject to review upon request.

I authorize the City of Munford to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal, driver's license and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept under Tennessee Law any information, with the exception of medical, will become public record upon receipt by the City of Munford. I hereby waive any rights or claims I may have, whether presently fully developed or not, against the City of Munford or its agents or employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Munford's handling, processing, investigation, etc. of my application for employment with the City of Munford. I understand that this investigation will be conducted prior to my being given a job offer or within 90 days of employment.

If I am hired, I agree to conform to the rules and regulations of the City of Munford set forth in the City of Munford's personnel policies & procedures and acknowledge that these rules and regulations may be changed by the City of Munford at any time, at the City of Munford's sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the City of Munford. I agree to conform to the City of Munford's drug-free/smoke free workplace and agree to submit to drug test as required by the City of Munford.

Applicant Signature

Date Signed

Applications must be signed and dated. Unsigned applications will result in immediate rejection.

City of Munford Fire Department

Receipt Rules & regulation, SOG's

This is to certify that I have been given the opportunity to read the City of Munford rules and regulations and Standard Operating Guidelines. I understand all of the information with-in these guidelines and agree to abide by these guidelines.

I also understand that I will be a part of an elite team within the community and will be held to a high standard and must follow these guidelines thoroughly. Deviance from these guidelines may result in termination or probation of service.

I also understand that at any time I may approach any member of this department to ask for clarification of any part of these guidelines with feeling any guilt or repercussions.

Applicant Name (Please Print)

Applicant Signature

Date