



Volunteer Fire Company

8021 North State Road #3 • Muncie, Indiana 47303 • www.htvfcin.org

MEMBERSHIP APPLICATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

SSN: _____ D.O.B.: _____ DLN: _____ EXP: _____

PHONE #: _____ WORK #: _____ CELL #: _____

HOME ADDRESS: _____ ZIP CODE: _____

CURRENT EMPLOYMENT: _____ PHONE#: _____

WORK ADDRESS: _____ CITY: _____ ZIP: _____

SUPERVISOR: _____ YEAR OF EMP: _____ SHIFT: _____

WHAT BEST DESCRIBES YOUR AVAILABILITY FOR THE FIRE COMPANY

- | | | | |
|--------------|--------------|--------------|-----------|
| M-F 8AM-4PM | M-F 4PM-12AM | M-F 12AM-8AM | WEEKENDS |
| ANY DAYS | ANY EVENINGS | ANY NIGHTS | PART-TIME |
| OTHER: _____ | | | |

Would you agree to do work at the fire station or CO. activities at specific times/dates? Y N

Do you believe you are physically able to perform the duties of firefighting? Y N

Are you willing to submit a blood or urine specimen for substance abuse testing? Y N

Do you have any prior fire fighting or medical training? Y N

IF yes list Cert Numbers: _____

Have you ever been arrested; including traffic offenses? Y N

Have you ever been convicted of a misdemeanor or felony? Y N

IF YOU ANSWERED YES TO EITHER OF THE LAST TWO QUESTIONS, PROVIDE ALL INFORMATION ON ANOTHER SHEET OF PAPER.

PAST WORK RELATED REFERENCES (references not related to you)

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____ YEARS KNOWN: _____

PERSONAL REFERENCE

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____ YEARS KNOWN: _____

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____ YEARS KNOWN: _____

APPLICANT INFORMATION

HEALTH (CIRCLE): GOOD FAIR POOR
MARITAL STATUS (CIRCLE) MARRIED SEPARATED DIVORCED

SPOUSE'S NAME, IF MARRIED: _____

EDUCATION: (CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8 9 10 11 12

SPECIAL TRAINING

LIST BELOW ANY AND ALL SPECIALIZED TRAINING YOU HAVE COMPLETED, AND CERT NUMBERS: _____

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION? Y N

HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION? Y N

BRIEFLY STATE WHY YOU WANT TO BECOME A MEMBER OF THE HAMILTON TOWNSHIP VOLUNTEER FIRE COMPANY: _____

The information contained in the application is considered confidential and will be protected as such in accordance with the Privacy Act of 1977. References will be checked. Willful misrepresentation of information requested in this application shall be grounds for immediate dismissal and/or prosecution.

I _____, understand that it is necessary for the Hamilton Township Volunteer Fire Company, INC. to perform background investigations on me. I understand that this investigation may include any and or all references I have provided in this application. I further understand that a check of police records (local, state, and federal as required) will be performed. I understand that any information that comes as a result of this investigation will be used by the Fire Company, in a confidential manner. To the best of my knowledge, all information contained in this application is true and correct. *I also understand that I may be requested to submit to a pre-employment drug and alcohol test, and that random drug testing is performed by the Hamilton Township Volunteer Fire Company.* My signature below indicates that I knowingly grant permission for a background investigation to be conducted.

SIGNATURE: _____ DATE: _____

