

# Toney Volunteer Fire Department

## Application for Membership

Name (Last, First, MI): \_\_\_\_\_

D.O.B: \_\_\_\_\_ Social security # \_\_\_\_\_

Driver's license # \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer's name: \_\_\_\_\_ Employer's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Name of auto insurance company: \_\_\_\_\_

Any moving violations and/or accidents in the past three years [ ] Yes [ ] No

Have you ever been convicted of a crime EXCLUDING misdemeanors and SUMMARY OFFENSES? [ ] Yes [ ] No If yes, use back of page to explain.

Prior medical history: \_\_\_\_\_

Please list any prescribed medications that may limit your ability to perform duties:

\_\_\_\_\_

Please list any physical handicaps and/or limitations you may have that may limit ability to perform duties: \_\_\_\_\_

Previous member of other agencies \_\_\_\_\_

- All applicants must at least be 18 years of age
- Have a valid drivers license (copy given with application)
- Live within or close proximity of the Toney Volunteer Fire Department fire protection district
- A copy of any records training and/or certificates you have can be turned in with your application for review.
- ❖ **All applications will be turned over to the Review Board for acceptance before starting 60 day probationary membership period. Notification will be made to you of application acceptance or denial.**
- ❖ **By signing this application I understand the information provided to me and do hereby give the Toney Volunteer Fire Department the authorization to do a full criminal history and driving record background check.**

### **FALSIFICATION OF INFORMATION ARE GROUNDS FOR IMMEDIATE DISSMISAL**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Department Use Only

Background Check: Passed: [ ] Failed: [ ]

Officer: \_\_\_\_\_ Chief: \_\_\_\_\_

Date accepted: \_\_\_\_\_ Date denied: \_\_\_\_\_ By Review Board.

List reason on back if application is denied.

Fire Fighter: \_\_\_ FF1: \_\_\_ FF2: \_\_\_ Certificate # \_\_\_\_\_

E.M.T. \_\_\_\_\_ License number: \_\_\_\_\_

Haz-Mat \_\_\_\_\_ (Aware, Op, Tech, Spec.) \_\_\_\_\_

Date accepted: \_\_\_\_\_ Date denied: \_\_\_\_\_ Dept # assigned: \_\_\_\_\_

Date terminated: \_\_\_\_\_ Reason terminated: \_\_\_\_\_