



# MEMBERSHIP APPLICATION

Please fill out and return in person to a SCFPD officer at any department meeting or training session.

First Name:		MI:	Last Name:		Date of Birth:
Driver's License Number:			State:	Social Security Number*:	
Sex:	Who referred you to us?				
<input type="checkbox"/> M <input type="checkbox"/> F					

\*SSN required for background check. Personal information shared on this application will be kept private and used only for official department purposes.

## CONTACT INFORMATION

Home Address:		City:	State:	ZIP:
Primary Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	
Email Address:		<input type="checkbox"/> Personal <input type="checkbox"/> Other <input type="checkbox"/> Work <input type="checkbox"/> Other		

## EMPLOYMENT, AVAILABILITY, & EDUCATION

Work Address:		City:	State:	ZIP:
Work Schedule:		Would your employer allow you to leave work for a call?		
What hours are you available to respond to emergency calls?		Education: <input type="checkbox"/> Some High School <input type="checkbox"/> Some College <input type="checkbox"/> HS Diploma or GED <input type="checkbox"/> College Degree		

## EMERGENCY CONTACT

Emergency Contact Name:		Relationship:
Primary Phone:		Alternate Phone:
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other

## EXPERIENCE & TRAINING

Do you have any firefighting experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "Yes" answers.
Do you have any First Aid Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any health issues that could affect performance of fireground duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you affected by heights or confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any traffic infractions in the past 5 years? (other than parking tickets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any additional skills or training related to firefighting?
Why do you want to be a firefighter?

## EMPLOYMENT HISTORY

Please provide 5 years of employment history, starting with current or most recent employer.

Employer	Position	Dates Employed	Reason for Leaving

## ADDRESS HISTORY

Please provide 5 years of address history, starting with current or most recent place of residence.

Home Address	City	State	ZIP	Dates in Residence

## REFERENCES

Please list three references you are not related to, with at least one being a coworker.

Name	Relationship	Years Known	Phone Number

South Callaway Fire Protection District follows an equal opportunity policy and will not discriminate potential or current members on basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, physical or mental ability, veteran status, military obligations, or marital status.

This policy also applies to internal promotions, training, opportunities for advancement, terminations, outside vendors, use of contractors and consultants, and dealings with the general public.

*I understand that, as a condition of my consideration for employment or volunteer membership with South Callaway Fire Protection District (SCFPD), or as a condition of my continued employment with SCFPD, SCFPD may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.*

*I hereby authorize and consent to SCFPD's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, SCFPD will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with SCFPD. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.*

*The information contained in this application is complete and accurate to the best of my knowledge.*

Applicant Printed Name

Signature

Date

### Internal Use Only

Item	Date	Initials	Item	Date	Initials
Application Received			Background Check Completed <input type="checkbox"/> Issues <input type="checkbox"/> No Issues		
Entered Into Computer System			Discussed with Officers <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended		
Applicant Interviewed			Recommendation Presented to Board <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Applicant notified of Board's decision to hire/not hire. Official start date recorded in computer if applicant approved.					