

Membership Application

Richardsville Volunteer Fire Department and Rescue Squad, Inc.

Personal Information

Date:	Date Rec'd:	Approved:	Denied:	<input type="checkbox"/>	Membership Type
				<input type="checkbox"/>	Active
				<input type="checkbox"/>	Associate
				<input type="checkbox"/>	Junior
Name:	GRAY AREA FOR DEPT. USE ONLY				
Address:				Social Security Number:	- - -
City/State/Zip:				Eye Color:	
Phone: ()				Hair Color:	
Date of Birth:				Blood Type:	
City and State of Birth:				Height:	
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No				Weight:	
If applicable, spouse's name:					

Emergency Contact Information

Name:	Name:
Phone: ()	Phone: ()
Relationship:	Relationship:

Employment Information

Present Employer:	Supervisor's Name:
Employer's Address:	Supervisor's Phone: ()
City/State:	Length of Employment:

Previous Fire/Rescue Experience

Do you have previous experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List names of previous department(s):	List certifications and expiration dates:	

Driving Record and Criminal History

Have you ever had your driver's license suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any crimes? (misdemeanors and/or felonies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If answered "Yes" to any of the above, explain (attach additional page if you need more space):

Membership Application – Page 2

Physical Information

Do you use any habit-forming controlled substances? Yes No

Do you habitually use alcohol? Yes No

Have you ever had, or presently have, any physical disability or other condition that this department should be aware of (such as, but not limited to, spinal problems, heart problems, history of seizures, etc.)? Yes No

Do you regularly take any medication prescribed by a physician? Yes No

If so, please list them:

Are you presently under a doctor's care for any medical condition? Yes No

If so, please explain:

Have you ever been, or are you presently, under a doctor's care for any mental disorder or nervous condition? Yes No

If so, please explain:

Reason For Application

Briefly describe why you want to join the Richardsville Volunteer Fire Department and Rescue Squad, Inc.:

References

List at least three references *other than family or employers*:

Name & Relationship:

Address:

Phone:

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Name & Relationship:

Address:

Phone:

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Name & Relationship:

Address:

Phone:

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Name & Relationship:

Address:

Phone:

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STATEMENT

I hereby certify and affirm that all of the provided information is true and correct to the best of my knowledge. I understand that knowingly providing any false information herewith will be grounds for rejection and/or termination. I understand that a background investigation will be conducted, and approval of this application is contingent upon the successful completion of the background check in addition to the approval of the membership at-large. If accepted, I hereby agree to abide by all by laws, rules, and regulations of the Richardsville Volunteer Fire Department and Rescue Squad, Inc.

Applicant Signature: _____