

CHIPPEWA TOWNSHIP FIRE DEPARTMENT *Volunteering since 1927*

APPLICATION FOR MEMBERSHIP

The Chippewa Township Fire Department is an equal opportunity organization. All qualified applicants will be considered without regard to age, color, sex, religion, national origin, martial status, ancestry, citizenship, veteran status, sexual orientation or preference, physical or mental disability or any other status protected by law.

PERSONAL

Last Name _____ First Name _____ Middle _____ Date _____

Address _____ Home Phone # _____

City _____ State _____ Zip _____ Business Phone# _____

Have you ever previously applied for membership with this department? YES NO Social Security# _____

Are you 18 years of age or older? YES NO Drivers License (State & Number) _____

Have you ever been convicted of a felony or misdemeanor? YES NO If yes, please provide:

Nature of Conviction(s) _____ Date of Conviction(s) _____

Jurisdiction(s) _____ Sentence(s) Imposed _____

Types of Rehabilitation, if any _____

Have you ever been discharged from a job or other organization for making threats, fighting or any incidents involving violence? YES NO

EDUCATION

Do you have a high school diploma or equivalent? YES NO

Do you have a college degree? YES NO If yes, type and what field? _____

Do you have EMS Certification(s)? YES NO Do you have fire service experience? YES NO

If yes, please provide certification number(s) and expiration date(s) _____

Additional Training/skill, experience, special achievements, certificates, etc. relevant to a firefighting position: _____

EMPLOYMENT

Company Name _____ Telephone# _____

Address _____ Employed from (Month & Year) From _____ To _____

Supervisor _____ Job Title _____

U.S. MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? YES NO If yes, which branch? _____ From _____ To _____

Highest Rank Achieved? _____ Specialty _____ Training/experience relevant to firefighting: _____

REFERENCES (Do not include relatives)

| Name | Occupation | Years Known | Address | Phone No. |
|----------|------------|-------------|---------|-----------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

I verify that all statements herein are true and correct and I further understand that any falsification or willful omission shall be sufficient cause for denial of membership or removal from the department.

Signature

Date

FOR OFFICE USE ONLY

Date Application Received _____

Date of Interview _____

Date Voted On _____

Probation Period: From _____ To _____

Interviewed By

