

NOONDAY FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

You must be eighteen years of age to apply for membership, and complete the attached form furnishing all requested information as it applies to you. If you fail to answer all questions fully and accurately, you may delay consideration of your application. The medical section is a basic physical exam given by a doctor. In addition to this application, a criminal history report from the Sheriff's Office is required.

You are required to present the completed application in person at the Noonday Fire Department's regular monthly meeting at 7:00 p.m. This monthly meeting is held every Thursday night of each month at the Fire Station located at 16619 State Highway 155 South.

After presenting your application, a meeting will be arranged between you and the membership Committee. The information in your application will be verified. A vote will be taken at the next monthly meeting of the Department, considering the acceptance or rejection of your membership in the Noonday Fire Department. You will be notified as to the outcome that night, if available, or as soon as you can be contacted.

YOU ARE REQUIRED TO TAKE BASIC FIRE FIGHTING CLASSES.

APPLICATION OF

NAME: _____

Proposed _____

Elected:

Recruit Member _____

Active Member _____

_____ Secretary

Committee of Investigation

The undersigned committees of investigation having conscientiously investigated this application find the report favorable.

NOONDAY FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

First Last Middle Date of Birth: Social Security#

Address Number Street Apartment # Phone Number
Day: _____
Evening: _____

City State Zip Code Are you 18 or older?
___ YES ___ NO

Did you graduate from high school? If not, do you have a high school equivalency diploma?
___ YES ___ NO ___ YES ___ NO

Name, location, (city & state of any Major Field of study: Degree Received?
Colleges or universities attended: Yes No Type Year

Other training (including business, trade, military, or correspondence school).

Name and location of school (city and state) Type of Learning Year

Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skilled in operation of machines/equipment, technical skills, or other special training).

Do you have a fear of heights or confined spaces? YES NO

MEDICAL HISTORY

Do you have any physical limitations that should be considered? YES NO

Do you have any chronic disease? YES NO

Are you receiving any special medical treatment or medications? YES NO

If yes, to any of the above questions, please explain _____

EMPLOYMENT HISTORY

Position	Name, Title and Position of Immediate Supervisor
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Employer (company or organization):	Address of Employer:
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Dates of Employment: From _____ To _____ Mo. Yr. Mo. Yr.	Describe your duties, responsibilities, and Accomplishments below: _____ _____
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Number of hours worked per week: _____	_____
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Reason for leaving: _____	_____
_____	_____
_____	_____

Position: _____ Name, Title and Position of Immediate Supervisor _____

Employer (company or organization): _____ Address of Employer: _____

Dates of Employment: _____ Describe your duties, responsibilities, and accomplishments
Below: _____

From _____ To _____
Mo. Yr. Mo. Yr. _____

Number of hours worked per week: _____

Reason for leaving: _____

REFERENCES:

List three persons other than relatives who know you and our qualifications.

1. Name: _____ Address: _____

Relationship: _____

Phone: (____) _____ - _____

2. Name: _____ Address: _____

Relationship: _____

Phone: (____) _____ - _____

3. Name: _____ Address: _____

Relationship: _____

Phone: (____) _____ - _____

Are you a citizen of the United States? ___YES ___NO

Are you legally eligible for employment in the United States? ___YES ___NO

Do you have a valid driver's license?

License Number: _____ State: _____ Expiration Date: _____

Do you authorize the Noonday Fire Department to check our driving record, both now and on a periodic random basis during membership for repeated or significant traffic violations? YES NO

Have you ever been convicted of an offense of the law? YES NO

If yes to either question, please explain:

A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attach additional sheets if necessary). A record check may be run to verify your answer.

Do any members of your family work or volunteer for the Noonday Volunteer Fire Department?

Name: _____

Relationship: _____

Name: _____ Relationship: _____

Does your application meet with the approval of your employer? YES NO

Please describe any additional experience (paid or volunteer) that is relevant to fire suppression. Include name of organization, dates, and amount of time involved. Attach additional sheets if necessary. _____

Company Members:

I desire to make the application for membership in the Noonday Fire Department, pledging myself to conform to all rules of said Fire Department, to obey all orders given to me by those in authority, to answer all calls, attend all training and meetings to the best of my ability and conduct myself at all times in such a manner as to not throw discredit on the Noonday Fire Department. These statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the information provided may be verified and any willful misstatement of material facts herein will cause forfeiture on my part of all rights to membership in the Noonday Fire Department.

Signature _____ Date Signed _____

To: Any person, organization or agency having knowledge of my conduct or activities, or;

Any past or present employer or;

Any Dean, Registrar, Principal, Counselor, Instructor or other authorized Person at School (University, College, High School, Trade School, or other) or;

Any Physician, Hospital, Clinic or Sanitarium or;

Any Department or Agency of a City, County, State or Federal Government

I, _____, hereby authorize Noonday Fire Department to conduct an including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have any information relevant to this background investigation to disclose it to Noonday Fire Department, or its agents, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Date _____

Signature _____

Social Security Number _____

Witness: _____ Date: _____