



HOLTS SUMMIT FIRE PROTECTION DISTRICT

Membership Application

Date: _____

Name: _____
Last First Middle

Address: _____
Address City State Zip

Position Interested In: (Check one) Firefighter _____ Other _____
(Specify)

Drivers License # _____ Date of Birth _____
Social Security # _____ Home Phone _____
Employer: _____ Occupation: _____
Work Phone # _____

List place(s) of residence for last 5 years. Most current first:

Address City State Zip

List place(s) of Employment including supervisors for the past 5 years. Most current first:

Employer City Dates Supervisor

List all schools attended, including trade schools and /or Military experience:

School City Years Degree

Please describe why you are interested in becoming a member of the Holts Summit Fire Protection District: _____

Have you ever been convicted of a felony or any other notable crime? (If yes, list dates and offense) _____

Have you ever been convicted of a moving traffic violation? (If yes, list dates and offenses)

Have you ever had your driver's license revoked or suspended in any state? (If yes, list dates, offenses and dates of reinstatement)

How do you describe your overall health?

Do you have a history of any heart or respiratory problems?

List 3 local references that are not relatives:

Name

Phone

The following questions are for Firefighter applicants only. All other applicants go to section C.

Section B

List all previous affiliations with Firefighting, Emergency Medical, Rescue or Law Enforcement agencies:

Organization

City

Supervisor

Dates

Rank

Do you have any Firefighter training? (If yes, list dates and agencies providing training)

Location

Dates

Course Titles

Do you have any other specialized training? (i.e. diver, small engine repair, welding, CPR, etc.)

How will membership in this organization effect your family and employer?

What hours would you most likely be able to respond to an alarm?

Would you be able to respond from work? _____

Do you have automobile insurance? _____ Company _____ Policy # _____

Do you have health insurance? _____ Company _____ Policy # _____

Do you have life insurance? _____ Company _____ Policy # _____

Are you currently taking any medication that could impair your ability to work in hazardous situations? _____ (If yes, list medication _____)

Section C

I certify that all information that is disclosed in this application is factual. I also authorize the Holts Summit Fire Protection District to contact any or all persons listed in this application to ascertain my suitability as it pertains to the District's needs. I acknowledge the fact that should I be accepted as a member of this organization, that I would be in probationary status for a period of at least 6 months and that this is a volunteer organization.

Signature Date

This organization does not restrict applicants based upon sex, race, religious preferences or disabilities. We encourage all interested residents of our district, over the age of 18 to apply for any openings.

*****District Use Only*****

Background check completed _____ Investigator _____

Approved/Disapproved _____ Notification date _____

Committee Signatures _____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

*****Equipment Issue*****

Firefighter # _____ Coat _____ Boots _____ Bunker _____

Helmet _____ Hood _____ Gloves _____ Radio _____

Shirt _____ Badge _____ Coveralls _____ Cap _____

Other _____

Equipment Officer _____ Date _____