

CITY OF KNOB NOSTER FIRE DEPARTMENT

Membership Application



Date Received	_____
Date Interviewed	_____
Date on Department	_____

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Driver License #	State	Expiration Date	
Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, When?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

IN CASE OF EMERGENCY

Please list two adult contacts.

Full Name	Relationship
Phone ()	Cell ()
Address	
Full Name	Relationship
Phone ()	Cell ()
Address	

EXPERIENCE/TRAINING/CERTIFICATION

Check the certifications below you currently have.

<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Instructor I	<input type="checkbox"/> Investigator
<input type="checkbox"/> CPR	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Fire Fighter II	<input type="checkbox"/> Instructor II	<input type="checkbox"/> Inspector
<input type="checkbox"/> First Responder	<input type="checkbox"/> Haz-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any special training that you have had in the past.

REFERENCES

Please list three references not related to you.

Full Name Relationship

Company Phone ()

Address

Full Name Relationship

Company Phone ()

Address

Full Name Relationship

Company Phone ()

Address

MILITARY SERVICE

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date