



EAST PETERSBURG FIRE COMPANY MEMBERSHIP APPLICATION

Please print all fields as legible as you can. All membership applications will be put through a state background check. Other clearances may be required upon being accepted by the Fire Company.

First and Last Name: _____		Preferred Name: _____	
Preferred Pronouns: _____		Phone Number: _____	
Street Address: _____			
City: _____	ZIP Code: _____	State: _____	
Preferred method of communication: Text____ Call____ Email _____		Email: _____	
Date of Birth: _____		Social Security Number: _____	
Drivers License Number: _____		Class: _____ State Issued: _____	
Interested Position(s): Place an X on the line			
Firefighter: _____	Fire Police _____	Administration/ Support Staff _____	
	Still deciding _____		
Have you reviewed the requirements for the position(s)?		Yes _____	No _____
Are you legally allowed to work in the United States?		Yes _____	No _____
Do you have a valid driver's license?		Yes _____	No _____

Do you have a reliable method of transportation to the fire station?	Yes_____	No_____
How long have you lived at your current address?	Years_____	Months_____
Do you plan to reside in the local area for the next four years?	Yes_____	No_____
If no, reason for move: _____		

Current Employer Information
(If you are under the age of 18, please provide a copy of your working papers)

Company Name:_____	Location:_____
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Position:_____	Working Hours:_____
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Are you available for calls during working hours?(Y/N)_____

Reference 1 Name:_____ Address:_____

Phone Number:_____

Reference 2 Name:_____ Address:_____

Phone Number:_____

Experience

Have you ever applied or held a membership in any other Fire Company? (Y/N): _____

If yes, please give the Fire Company Name: _____

Years of Service: _____

Rank: _____ Are you active now? (Y/N): _____

If you answered yes, please fill out the additional training questionnaire below and attach copies of your certifications.

Health Information

Is there any reason that your present health condition would restrict your activities as a Firefighter or Fire Police Officer? (Y/N): _____

If yes please explain: _____

**East Petersburg Fire Company
Training Questionnaire for New Members**

Applicant's Name: _____

Please Check the following that you feel you have knowledge in:

___ Basic Fire Fighting Skills

- ___ Hose lines**
- ___ Ladders**
- ___ Ventilation**
- ___ Engine Company Operations**

___ Advanced Fire Fighting Skills

- ___ SCBA (Self Contained Breathing Apparatus)**
- ___ Rapid Intervention**
- ___ Self rescue**
- ___ Truck Company Operations**

___ Rescue Skills

- ___ Vehicle Rescue**
- ___ Have you taken the Dept. of Health Vehicle Rescue Class? Y or N**
- ___ Water Rescue**
- ___ Rope Rescue**
- ___ Confined Space**

___ Fire Police Skills

- ___ Basic Fire Police**
- ___ Advance Fire Police Skills**

___ Medical Skills

- ___ CPR/AED**
- ___ Basic First Aid**

- First Responder/ Emergency Responder**
- EMT/AEMT**
- Paramedic**

Pro-Board Certification

- Firefighter I**
- Firefighter II**
- Fire Officer I**
- Fire Officer II**
- Instructor I**
- Instructor III**

Do you have any computer or business skills that would be helpful to the Fire Company? If so, please list them below

Please provide any certificates or certifications that you have received from previous classes you have taken.