Membership Application for Eastern Pines Fire/Rescue – Fire Division

"Striving to Make a Difference"

Personal Information
(Please Print)

Name: _____   Date of Birth: _____/_____/_____

Current Address: _____

Previous Address: _____

Previous Address: _____

SSN: _____-_____-_____   NCDL#: _____

Contact Information

Home #: _____   Pager #: _____   Cell #: _____

Work #: _____   Email Address: _____

Do you check your email daily?   Yes ☐   No ☐

Emergency Information

Allergies: _____   Blood Type: _____

Contact in case of emergency: _____   Relationship: _____

Next of kin (if different than above) and relation: _____

Employment Information

Employer: _____   Occupation: _____

References
(No Eastern Pines Fire or E.M.S. Members Please)

Name: _____   Relation: _____

Address: _____   Phone #: _____

Name: _____   Relation: _____

Address: _____   Phone #: _____

Current Certification (if none, skip)

FF-1 ☐   FF-2 ☐   ERT ☐   MR ☐   EMT ☐   EMT-D ☐

EMT-I ☐   EMT-P ☐   National Registry ☐

Other Certifications (please list): _____

Previous Fire/Rescue Experience (if none, skip)

Agency: _____   Dates Affiliated: _____

Chief Officer: _____   Phone #: _____

Agency: _____   Dates Affiliated: _____

Chief Officer: _____   Phone #: _____

Criminal History

Have you ever been convicted of a crime?   Yes ☐ No ☐

If yes, please explain: _____

_____

Affirmation

By signing below, I hereby affirm that all information given on this application is true and factual. I agree that falsification of any information given on this application, may be grounds for disqualification and or dismissal later, at the discretion of the Board of Directors. I further authorize Eastern Pines Fire-Rescue , it's officers and designees to conduct checks (at the expense of Eastern Pines Fire-Rescue) including but not limited to: criminal history, drug testing, driving record, and contacting employers, references and previous chief officers (if applicable). I also certify that if accepted as a member of Eastern Pines Fire-Rescue, I will abide by the rules and regulations of Eastern Pines Fire-Rescue, including its By-Laws, SOG's (Standard Operating Guidelines) and direct orders of it officers.

Signature: _____   Date: _____

Do Not Write Below This Line-Internal Use Only

First Meeting Attended: _____/_____/_____   References Contacted: ☐   Criminal Check: ☐   DMV Check ☐

BOD Recommendation: Yes ☐ No ☐

2nd Meeting Attended: _____/_____/_____   Accepted: ☐   Rejected: ☐
Orientation Completed by: _____   Date: _____/_____/_____
Tentative End of Probation: _____/_____/_____

Equipment Issued: Key Cark #: _____   Pager: ☐   Coat: ☐   Pants: ☐   Helmet: ☐   Boots: ☐

County ID Expiration Date: _____/_____/_____   Hood: ☐   Gloves: ☐