

MONROVIA VOL. FIRE/RESCUE

345 Mt. Zion Road • Monrovia, AL 35757
Phone: (256) 837-6730 • Fax: (256) 325-0512
www.MonroviaFire.org

Membership Application

For Official Use Only
Received on: _____
Received by: _____
Interview Date: _____
Recommended: YES NO
Introduced to Members: _____
Accepted by membership: Yes No
Assigned Unit #: _____
Info entered in FH _____ By _____

Date: _____

PERSONAL INFORMATION

*The Fire Chief and/or personnel chairman of the said department may validate all information and references given on this application.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cellular/Pager: _____

Email address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Current Employer or Name of School: _____

Employment's or School's Phone No.: _____

EDUCATIONAL BACKGROUND

High School/Tech School: _____

College/Vocational School: _____

Post Graduate: _____

Military Experience: _____

MONROVIA VOL. FIRE/RESCUE

345 Mt. Zion Road • Monrovia, AL 35757
Phone: (256) 837-6730 • Fax: (256) 325-0512
www.MonroviaFire.org

EMERGENCY SERVICES ORGANIZATION EXPERIENCE (ESO):

Fire Dept. Name/ESO: _____
Date: From _____ To _____ Rank: _____
Fire Chief/Administrator: _____ Phone: _____

Fire Dept. Name/ESO: _____
Date: From _____ To _____ Rank: _____
Fire Chief/Administrator: _____ Phone: _____

Fire Dept. Name/ESO: _____
Date: From _____ To _____ Rank: _____
Fire Chief/Administrator: _____ Phone: _____

Total Years involved in ESO (all): _____

REFERENCES

(1) Name: _____ Phone: _____
Address: _____

(2) Name: _____ Phone: _____
Address: _____

(3) Name: _____ Phone: _____
Address: _____

(4) Name: _____ Phone: _____
Address: _____

BACKGROUND INVESTIGATION

Have you ever been convicted of a crime? Yes No
[If yes, please explain.]

MONROVIA VOL. FIRE/RESCUE

345 Mt. Zion Road • Monrovia, AL 35757
Phone: (256) 837-6730 • Fax: (256) 325-0512
www.MonroviaFire.org

HEALTH INFORMATION

Is there any reason that your present health condition would restrict your activities as a volunteer firefighter and/or emergency service provider? [if yes, please explain.]

Do you suffer from any fear/phobias that would restrict your activities as a firefighter and/or emergency service provider? [if yes, please explain.]

Name of Current Physician: _____ Phone: _____

Can we contact your physician for medical background? YES NO

Name of Person to contact in case of emergency: _____

Home Phone #: _____ Cellular/Pager #: _____

What is their relationship to you? _____

APPLICANT ACKNOWLEDGEMENT

I agree to permit the Monrovia Volunteer Fire Department to conduct an investigation into my background and/or medical information through the Police, Sheriff's Department, State Police, FBI, Physician, or any other recognized agency they chose. This information will be held in confidence by the said department.

Signature of Applicant _____ Date: _____

I hereby certify that the above information is factual and accurate. Additionally, I have read the department by-laws and hereby agree to obey all by-laws, current and future, and all standard operating guidelines issued by said department. Moreover, I understand that if accepted as a member that I must pass a drug screen within 30-days or my acceptance will be voided and all equipment issued will be returned.

Signature of Applicant _____ Date: _____

Fire Chief's Signature _____ Date: _____

MONROVIA VOL. FIRE/RESCUE

345 Mt. Zion Road • Monrovia, AL 35757
Phone: (256) 837-6730 • Fax: (256) 325-0512
www.MonroviaFire.org

Applicant Acknowledgement & Background Release

I hereby concede that the information in which I provided on this application for membership is straightforward and accurate; furthermore I understand that falsification or omission of information can lead to refusal to select or dismissal of membership of the Monrovia Volunteer Fire Department.

Moreover, I hereby surrender confidentiality rights with respect to criminal history checks, reference checks, motor vehicle reports, and verifying application/selection information.

Moreover, I consent to sanction the Monrovia Volunteer Fire Department to conduct an investigation into my background through the Police, Sheriff's Department, State Police, FBI, or any other recognized law enforcement agency they judge obligatory. Furthermore, I understand that this information will be held in confidence by said department.

Moreover, I understand that purely submission of application for membership is not an offer of employment and/or membership of said department, nor does it generate any contractual rights, nor an assurance of membership into said department.

Moreover, I acknowledge that I will be required to take a drug screening test prior to becoming a member of the Monrovia Volunteer Fire Department. Upon notification from the Personnel Committee of acceptance, the test will be conducted within 24 hours at a location specified by the Department. I understand that the cost of the test is at my expense and membership is contingent upon the results.

Applicant's Signature

Date

Applicant's Printed Name

Witness Signature

Date

Witness' Printed Name

**** Witness name & signature is mandatory to authenticate this application***