

Application for Membership- Shell Rock Fire Department

This form is to be completed by the Applicant and filed with the City Clerk or Fire Chief

NAME _____

ADDRESS _____

PHONE NUMBER _____

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

HOW LONG HAVE YOU BEEN EMPLOYED BY YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

AGE _____ MARRIED _____ SINGLE _____ NUMBER OF DEPENDENTS _____

EDUCATION _____

FIRE SERVICE EXPERIENCE _____

Do you have a valid Iowa driver's license? _____

Are you willing to take a physical examination as required by the department? _____

I understand I will be subject to drug and alcohol tests, if required and as requested _____

Do you realize that the fire department is not a social club; and that as a member you will be required to give freely of your time to attend fires, meetings, drills, and work on committees? _____

I do hereby signify that this application is made with my knowledge and consent.

SIGNATURE _____ DATE _____
Employer

APPLICANT'S SIGNATURE _____ DATE _____