

Name: _____

Last

First

Middle

Social Security # _____

Current Address _____

Street

City

State

Zip Code

Telephone: Home () _____ Cell () _____ Other () _____

Email address: _____

Date of birth: _____ Place of birth: _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Sex (circle) M or F Married (circle) Y or N Blood type: _____

Other identifying marks: _____

Time available for response- Day _____ Night _____ Both _____

Any previous fire or medical training: _____

F.F. cert #: _____ Agency name: _____

Occupation: _____

Employer: _____

Business address: _____

Business phone: () _____

Drivers license number: _____ State: _____ Expiration date: _____

(A copy of your License and Proof of Insurance must be submitted with your application)

Date of application: _____

Date retired or resigned: _____

Reason for retirement or resignation: _____

Please read carefully

In submitting this application for membership, I understand that an investigation may be made, whereby information is obtained regarding my character, employment, general reputation, criminal history and driving record. I authorize anyone possessing this information to furnish it to a representative from the Park Hills Fire Department and I release anyone authorized from the Park Hills Fire Department from all liability and damages whatsoever in furnishing, obtaining or using said information

In the event of membership, I understand that false or misleading information given in my application or interview may result in immediate termination of membership. I understand that as a member, I am required to abide by all by-laws and S.O.G's of the Park Hills Fire Department. I also understand that all equipment issued to me by the Park Hills Fire Department is the property of the Department and will be returned at the request of the administration or at my separation from the Department.

Applicant's Signature: _____ Date: _____