



CARTER LAKE FIRE AND RESCUE

APPLICATION FOR MEMBERSHIP

DATE _____ POSTION OF INTEREST: FIREFIGHTER _____ EMS _____

NAME _____ DATE OF BIRTH _____

FULL ADDRESS _____ SSN _____

PHONE NUMBER _____ E-Mail _____

MARITAL STATUS _____ SPOUSE'S NAME _____ CHILDREN _____

OCCUPATION _____ PLACE _____ # OF YEARS _____

DRIVERS LICENSE # _____ STATE _____ RESTRICTIONS _____

ANY PRIOR FIRE/EMS EXPERIENCE _____

HISTORY OF DRIVING RECORD _____

LIST ALL MEDICAL/MENTAL HISTORY, PROCEDURES, SURGERYS _____

TAKING ANY MEDICATIONS _____

ANY ALLERGIES _____

LIST ANY/ALL CRIMINAL HISTORY _____

LIST THREE PERSONAL REFERENCES, OTHER THAN FAMILY:

NAME

ADDRESS

PHONE

The facts set forth above are true and correct to the best of my knowledge. I understand that false statements or omissions are sufficient cause for denial or dismissal from the department at any later date. I authorize the above-named agency to conduct any routine personal history / background check through Law Enforcement Agencies or any other outside entities regarding the history and information given above, and to contact any or all of the references I have listed.

SIGNATURE OF APPLICANT _____ DATE _____

Application received by _____

Investigation Committee _____ Body _____ Police Dept. _____ City Hall _____ Physical _____