

Griswold Fire and Rescue Department

Application for Membership

Date of Application: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security No: _____

Date of Birth: _____ Age: _____

Email: _____

Driver's License No: _____ Endorsements: _____

Are you legally authorized to work in the U.S.? Yes No

Do you have any physical or health limitations that could interfere with your performance on the job for which you are volunteering? (Please note: A physical examination may be required to ensure applicant can meet minimum physical and mental demands of the position.)

Yes No

If yes, please explain:

Have you ever been convicted of a felony?

Yes No

If yes, please explain the nature of the offense, the date and applicable charges below:

EMPLOYER AGREEMENT

Occupation: _____ Current Employer: _____

Employer's Phone: _____

This section must be signed by your employer.

I _____, the Employer of _____, give permission to said individual to seek application for the Griswold Fire and Rescue Department and will allow that individual to be late and/or will release them during working hours to respond to emergency calls related to the Griswold Fire and Rescue Department.

Signature of Employer: _____ Date: _____

RELATIVE EXPERIENCE

Please list experience relative to becoming a member of the Griswold Fire and Rescue Department. Start with your present or most recent job and list a maximum of five (5) years of experience history.

Name of Organization or Employer: _____ Position Title: _____
Dates of Work: _____ to _____
Primary Duties: _____

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Griswold Fire and Rescue Department is dedicated to a policy of non-discrimination for membership. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, veteran status, sex, mental or physical disabilities, or any other legally protected status. Griswold Fire and Rescue Department retains the right to verify the accuracy of all information provided. By filling out the following application, I fully authorize Griswold Fire and Rescue Department to contact any person, institution, organization or employer listed to disclose all information necessary to verify information.

By signing below, I acknowledge that I have read the Griswold Fire and Rescue Department By-Laws, fully understand my responsibility as a Griswold Fire and Rescue Department member and have filed my application with a Griswold Fire and Rescue Department member.

Signature of Applicant: _____ **Date:** _____