

MISSION TOWNSHIP FIRE AND RESCUE DEPARTMENT
Application for Membership

Date of application ____/____/____ Drivers License No. _____
 Name _____ Soc. Sec. No. ____ - ____ - ____
Last MI First
 Mailing address _____ City _____ St _____ Zip _____
 Home Telephone _____ Work Telephone _____ Cell Telephone _____

Are You 18 years or older? Yes No In case of emergency, please notify:
 Name _____ Address _____ Phone _____
 Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No
 Have you ever been convicted of a crime? Yes No If so, Please Describe: _____

Position Applied for _____ Date you can start _____
 Are you presently employed? _____ If so, may we inquire of your present employer? _____

Referred to Mission Fire & Rescue by _____

Name and Location of:	How many Years?	Did you graduate?	Subjects Studied
High School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade / Business / Correspondence School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Have you been in the US Military Service? _____ Rank _____ Present membership in Guard or Reserve? _____
 Do you have any special training, interests, or skills? _____

REFERENCES: Give the names of three persons not related to you, whom you have known 1 year or more.

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever served with another Fire/Rescue Department or voluntary emergency organization? (Please Describe)

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am accepted for membership, my membership may be terminated at any time. In consideration of my membership, I agree to conform to the Department’s by-laws and regulations, and that my membership may be terminated at any time, with or without cause, and with or without notice, at either my or the Department’s option. I also understand and agree that the terms and conditions of my membership may be changed with or without cause or notice, at anytime by the Department.”

Date _____ Signed _____

DO NOT WRITE BELOW THIS LINE – Office Use Only

Interviewed by: _____ Date _____

Remarks _____

Physical Examination Date _____ Results _____
 Department: Accepted Rejected Date _____ By _____
 Mission Town Board: Accepted Rejected Date _____ By _____