

# Danielson Fire Department

## Membership Application

In accordance with federal, state and local laws, the Danielson Fire Department does not discriminate on the basis of age, race, religion, color, sex, national origin, physical or mental handicap or disability, creed, sexual orientation, ancestry, marital status, veteran status, military status, or any other characteristic protected by law. The Danielson Fire Department is an equal opportunity employer.

**\*\*PLEASE PRINT, AND FILL OUT APPLICATION IN BLACK INK\*\***

(Last Name)	(First Name)	(Middle Name)	(Position Applying For)
(Present Address)	(City)	(State)	(Zip Code)
Phone Number:		Date:     /     /	
Cell/Pager Number:			

### BACKGROUND

<p><b>Are you able to legally work in the United States?   YES <input type="checkbox"/>   NO <input type="checkbox"/></b></p>
<p><b>Have you ever been discharged from another emergency service agency? If YES explain.   YES <input type="checkbox"/>   NO <input type="checkbox"/></b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<p><b>Have you ever been convicted of, or do you currently have a charge pending for a felony, misdemeanor, or any other criminal offenses including traffic violations? If YES explain.   YES <input type="checkbox"/>   NO <input type="checkbox"/></b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

### MILITARY SERVICE

<b>Branch:</b>	<b>Dates:</b> <b>From</b> Mo.   Yr. <b>To</b> Mo.   Yr.	<b>Final Rank:</b> <b>Type of Discharge:</b>
<b>List work performed and training received while in military:</b>		
<b>List additional training/skills received:</b>		

**WORK HISTORY**

List all past periods of employment, listing the most recent first.

<b>Dates of Employment</b>	<b>Name of Company, Address &amp; Immediate Supervisor</b>	<b>Type of Business</b>	<b>Job Title &amp; Type of Work Performed</b>	<b>Reason for Leaving</b>
<b>From:</b>  <b>To:</b>				
<b>From:</b>  <b>To:</b>				
<b>From:</b>  <b>To:</b>				

**EMERGENCY SERVICE WORK EXPERIENCE  
(IF APPLICABLE)**

<b>Course</b>	<b>Date</b>	<b>Name of Department / Location of Training</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE SUBMIT COPIES OF CERTIFICATES WITH APPLICATION**

**EDUCATION**

<b>School</b>	<b>Name &amp; Location of School</b>	<b>Year Completed</b>	<b>Graduated?</b>	<b>Major/Field of Study</b>
<b>High School</b>				
<b>College</b>				
<b>Post Graduate</b>				
<b>Other</b>				

**REFERENCES**

**Please include three (3) references. Do not use immediate family.**

Name	Address	Phone #	Title	Yrs. Known

**May we contact your references? If NO explain. YES  NO  \_\_\_\_\_**

\_\_\_\_\_

**LEGAL PROCEEDINGS OR AGREEMENTS**

**Are you now involved in any legal proceedings involving the performance of medical EMS or Firefighting activity? If YES explain. YES  NO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been involved in any proceedings? YES  NO**

**If YES, please explain if there are any restrictions on your ability to perform either Medical EMS or Firefighting Duties. (Please include in the list all restrictions, any accommodations you may require to perform these duties or if you have an agreement with the court or other organization that will affect your ability to perform these duties with our company).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE APPLICANT

A police background check and physical examination are a requirement of membership. I understand that upon signing this application I am providing you my consent to complete the background check and a physical examination through the company's medical provider prior to approving this application for membership. The information in this application process is only for use by the Danielson Fire Department.

I attest that the information contained within this document is true to the best of my knowledge. If any of the information I provided is found to be false, and I knowingly falsified it, this application may be disregarded and the application process terminated or my future membership may be terminated if this information is discovered at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Date Application Received:	
Date Application Reviewed:	
<p>Application: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>      If Accepted – SSN:      -      -</p> <p>Reason: _____</p> <p>Applicant status with the Danielson Fire Department - Check below. If DECLINED explain.</p> <p style="text-align: center;">ACCEPTED <input type="checkbox"/> DECLINED <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>Chief's Signature: _____ Date: _____</p> <p>If applicant is accepted into service, list official date of hire. Date: _____</p>	