

# CITY OF KNOB NOSTER FIRE DEPARTMENT

## Membership Application



Date Received	_____
Date Interviewed	_____
Date on Department	_____

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Driver License #	State	Expiration Date	
Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, When?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

### IN CASE OF EMERGENCY

Please list two adult contacts.

Full Name	Relationship
Phone ( )	Cell ( )
Address	
Full Name	Relationship
Phone ( )	Cell ( )
Address	

### EXPERIENCE/TRAINING/CERTIFICATION

Check the certifications below you currently have.

<input type="checkbox"/> EMT	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Instructor I	<input type="checkbox"/> Investigator
<input type="checkbox"/> CPR	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Fire Fighter II	<input type="checkbox"/> Instructor II	<input type="checkbox"/> Inspector
<input type="checkbox"/> First Responder	<input type="checkbox"/> Haz-Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any special training that you have had in the past.

**REFERENCES**

*Please list three references not related to you.*

Full Name Relationship

Company Phone ( )

Address

Full Name Relationship

Company Phone ( )

Address

Full Name Relationship

Company Phone ( )

Address

**MILITARY SERVICE**

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date