

OFFICE USE ONLY

Date Accepted/Denied:



## OKAUCHEE FIRE DEPARTMENT MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		Date:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent <i>(Please circle)</i>	How long?	Date of Birth:

### EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

### EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### LAW ENFORCEMENT INFORMATION

Driver's License #:	State:	Expires:
Restrictions:	Years Driving:	# Accidents in Last 5 Years:

### HEALTH INFORMATION

Have you had trouble with any of the following? If yes, please explain below.

Heart:	Back:	Mental:	Hernia:	Sight:	Lungs:
Ears:	Speech:	Hands:	Feet:	Spine:	Knees:
Nervous:	Other:				
Explain:					

### REFERENCES

Name	Address	Phone

### SIGNATURES

I am aware that if any of my answers here are untrue, my application will be rejected or I will be terminated from the Okauchee Fire Department. I further declare that all information furnished in this application, signed and dated by me this date, is true to the best of my information and belief and that any willful misrepresentation herein may be sufficient cause for termination with the Okauchee Fire Department.

Signature of applicant:	Date:
Signature of Guardian <i>(Cadet Program)</i> :	Date: