



Allen Volunteer Fire Department, Inc.

Application for Membership

Personal Information

Full Name: _____ SSN: _____

Home Phone: _____ Work Phone: _____

Street Address: _____

Mailing Address (*if different from above*): _____

How Long at Present Address: _____

Have you lived anywhere other than NC? ☐ Yes ☐ No

If yes, please list cities, counties, and States below:

Date of Birth: _____

Age: _____

Place of Birth

City: _____

State: _____

Marital Status: ☐ Single ☐ Married

Number of Dependents: _____

Has applicant been convicted of a crime or forfeited bail at any time during the past 10 years?

☐ Yes ☐ No

If yes, give information for each offense, including dates: _____

Emergency Experience and Certification

Has applicant completed any EMT, First Responder or Basic First Aid Courses? ☐ **Yes** ☐ **No**

If yes, please list completion date(s): _____

Any experience in Fire Department or Rescue Work? ☐ Yes ☐ No

If yes, to what extent and where? _____

License Information

Driver's License Number: _____ License Type: _____

License Expiration Date: _____

License Restriction: _____

Has applicant had any driving convictions or any driving offenses in the past 10 years? ☐ Yes ☐ No

If yes, give information for each offense: _____

Any experience driving a 1 ½ ton, 2 ton, or 2 ½ ton truck? ☐ Yes ☐ No

Auto Insurance Information

Auto Insurance Company Name: _____

Auto Insurance Policy Number: _____

Auto Insurance Expiration Date: _____

Emergency Contact Information

Who Should We Notify in Case of Emergency?

Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

Relation to Applicant: _____

Next of Kin (*other than listed above*)

Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

Relation to Applicant: _____

Education

High School: _____

Address: _____

High School Diploma/GED: ☐ Yes ☐ No

College: _____

Address: _____

Degree from College: _____

Employment History

List present employer first, then 2 previous employers, if any.

1. Employer: _____ Phone: _____

Address: _____

Applicant Hours and Days of Work: _____

2. Employer: _____ Phone: _____

Address: _____

3. Employer: _____ Phone: _____

Address: _____

Any clerical or secretarial experience? ☐ Yes ☐ No

Professional Organizations relating to your career: _____

Military Service Records

Branch of Service: _____

Dates: _____

Type of discharge: _____ Last Rank: _____

Did you have any special training or duty? ☐ Yes ☐ No

If yes, please explain: _____

References

Personal References (other than Firefighters), You Must Have Three References.

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____

3. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Address: _____

Personal References (Firefighters)

Name: _____ Phone: _____

Name: _____ Phone: _____

List Relatives or Friends Already a Member of the Department: _____

Health Information

Height Feet & Inches: _____

Contacts: ☐ Yes ☐ No

Weight: _____

Organ Donor: ☐ Yes ☐ No

Tobacco user: ☐ Yes ☐ No

Tobacco Used: _____

Chronic Allergies: _____

Medications: _____

Last physical exam by Doctor: _____

Doctors Name: _____ Phone: _____

Doctors Address: _____

Health Insurance Carrier: _____

Do you have any physical defects? ☐ Yes ☐ No

If yes, please explain: _____

Physical Limitations: _____

Vaccinations: _____

If accepted, I understand that I must follow the requirements of the Articles of the By-Laws and Rules and Regulations of Members for Allen Volunteer Fire Department. I further agree to participate in all fire department activities and to assume my fair share of work as required of all fire department personnel. ***Failure to answer all questions truthfully will result in denial of the application.***

Signature of Applicant – Full Name

Date

Acceptance Information
Office Use Only

Recommended for 6-month probation? ☐ Yes ☐ No

Date: _____

Accepted for 6-month probation? ☐ Yes ☐ No

Date: _____

Accepted for full and active membership? ☐ Yes ☐ No

Date: _____

Recommended for Part-time Employment? ☐ Yes ☐ No

Date: _____

Accepted for Part-time Employment? ☐ Yes ☐ No

Date: _____

Membership Committee Signatures:

Chief's Signature

Deputy Chief's Signature

Membership Committee Member

Membership Committee Member

Membership Committee Member

Membership Committee Member

This Applicant Recommended By: _____

Comments:

