

PARIS LANDING COMMUNITY FIRE DEPARTMENT

15616 Highway 79 N Ste. C
Buchanan, TN 38222

Reggie Coles, Fire Chief/Paramedic

Leroy Frazier, President

APPLICATION FOR MEMBERSHIP

Date: _____

1. _____
(Last Name) (First Name) (MI)

2. _____
(Address)

(Town) (State) (Zip Code)

3. Telephone: (____) _____ (____) _____
(Home) (Work)
Cell: (____) _____ email: _____

4. How long have you resided at the above address? Years: _____ Months: _____

5. How long have you resided in Tennessee? Years: _____ Months: _____

6. Date of Birth: _____ Social Security #: _____

7. Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes ___ No ___ If yes, explain

8. List the name, relationship, and phone number of someone we could contact in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

8. Are you currently employed? Yes _____ No _____

If "Yes" give employer information below. May we contact your employer as a reference? Yes _____ No _____

Name of Company _____

Address _____ Telephone _____

9. Do you have a valid Tennessee State Driver's License? Yes / No List D/L Number: _____

10. Please indicate your availability to participate in normally required fire department activities (meetings, drills, and emergency calls).

Please check appropriate time periods.

Week Days:

Days _____ Evenings _____ Nights _____

Weekends:

Days _____ Evenings _____ Nights _____

11. Previous emergency services experience: (include only fire rescue, police and emergency medical service agencies).

Name of Agency _____

Address _____

Contact Person _____

(If more space is needed, please identify on attached sheet)

12. Have you ever been a member of the United States Armed Forces? Yes _____ No _____

If the answer is "Yes", did you receive a dishonorable discharge? Yes _____ No _____

Dishonorable discharge is not an absolute bar to membership. This and other factors will effect a final membership decision.

If the above answer is "Yes", give complete details in the space provided for additional information on the last page (include service branch and service dates).

13. Have you ever been convicted of or **pled guilty** to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes _____ No _____ If "Yes" give details on the attached sheet.

14. Please list three personal references, **other than members of this organization**, who have known you for at least 3 years.

A. Name: _____ Tel. # _____

Address: _____

B. Name: _____ Tel. # _____

Address: _____

C. Name: _____ Tel. # _____

Address: _____

15. Please list the names of any acquaintances that are members of this organization:

16. OSHA Regulations require that you pass a physical examination before becoming an interior structural firefighter. The Department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes _____ No _____

17. If accepted for membership, do you agree to follow the department's rules and regulations, and to obey the orders of the officers appointed over you? Yes _____ No _____

18. Do you agree and understand that you must complete a mandatory 6 month probationary period for training and evaluation before being considered for full membership in the department? And that during that time Fire Department equipment will be made available to you for training but will not be issued to you until after the 6 month probationary period and all required schooling is complete? Yes No

19. Are you: Married ___ Single: ___ Divorced: ___ Widowed: ___

20. Please list the name and phone numbers of someone we can contact in the event of an emergency:

Name: _____ Relationship: _____

Daytime Phone: _____ Nights: _____

ADDITIONAL INFORMATION

WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING

IN WITNESS WHEREOF, THIS APPLICATION HAS BEEN SUBSCRIBED THIS _____ DAY OF _____, 2016 BY THE UNDERSIGNED APPLICANT WHO AFFIRMS THAT THE STATEMENTS MADE HEREIN ARE TRUE UNDER THE PENALTIES OF PERJURY.

APPLICANT SIGNATURE _____

DATE _____

WITNESSED BY _____

DATE _____

PRIVACY NOTIFICATION

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information which will be maintained in a record system is collected from you.

The authority to request and confirm personal information about you is found in Article 6 of the Executive Law.

The information obtained will:

be used to determine your qualifications for the position for which you are applying;

be released to the Fire Chief and your potential supervisors; and

be maintained in your personnel file if you become a fire department member) or in our resume file for six months (if you are not a fire department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The information will be maintained by: Assistant Chief, Tammy Hinson

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APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

In order to confirm the information I supplied on my application for membership with the Paris Landing Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant records about me to the Paris Landing Fire Department whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmations of my credentials.

_____ Applicant name	(Please Print)	_____ Applicant's Signature	_____ Date
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Witnesses by:

_____ Name and Title	(Please Print)	_____ Signature	_____ Date
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