



**Center Township Volunteer Fire Department**  
**11216 E. State Road 54**  
**Bloomfield, Indiana 47424**



Chief  
*Jeremy Snman*

Asst. Chief  
*Dustin Payne*

**Business Phone: 812-825-2799 Fax: 812-825-7937**

**MEMBERSHIP APPLICATION**

Date:

Name:

Address:

City:  State:  Zip Code:

D.O.B.:  SSN:  Home Phone:

Cell Phone:

**EDUCATION**

Type Of School	Name	Address	Years Completed	Major/Degree
High School				
College/Trade School				
Professional School				
Other				

**Have you ever been convicted of a crime?**  YES  NO

If yes, Please explain below

Do you have a Driver's License?  YES  NO

State of Issue:

License Number

Have you had any accidents in the past 3 years?  YES  NO If yes, How Many?

Have you had any moving violations in the past 3 years?  YES  NO If yes, How Many?

If yes, please explain below:

**Certifications**

List all Certifications related to Fire/EMS that you have received and are current:

Certification	Cert Number	Issued By	Issue Date	Expiration Date

If more room is needed, attach to application on separate page.

**Current Employment**

Name of Employer:	
Job Title:	
Supervisor Name:	
Address:	
Phone Number:	

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:


May we contact your employer?       YES       NO

Please briefly state your reason for becoming a volunteer with Center Township Volunteer Fire Department:


**FIRE/EMS EXPERIENCE**

Please list any previous Fire, EMS, or Public Safety related experience below:


**REFERENCES**

Please list 3 References other than relatives and previous employers

Name	
Relationship	
Company	
Phone Number	

Name	
Relationship	
Company	
Phone Number	

Name	
Relationship	
Company	
Phone Number	

## ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection or termination.

I have read and understand the application.

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

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ an applicant for the Center Township Volunteer Fire Department hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records.

Any organization or individual presented with this authorization is asked to cooperate fully with the department investigation.

I also understand that I may revoke this consent at any time except to the extent that any action has taken in reliance on it.

All information obtained during this background investigation will be held in strictest confidence.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

Meeting Date: \_\_\_\_\_

APPROVED or DENIED: \_\_\_\_\_

Unit Number Assigned: \_\_\_\_\_

