BAGDAD FIRE	RESCUE MEN	MBERSHIP APP	PLICATION	N	
APPLICANT INFORMATION					
Name:				Female: Male:	
Date of birth:	SSN:			Age:	
Address:				1	
City:	State:		ZIP Code:		
Phone: ()	Email:				
Membership type: Active: Associate:					
Current place of employment:					
EMERGENCY CONTACT					
Name:					
Address					
City:	State:		Zip Code:		
Relationship:		Phone: ()			
	DRIVER LIC	ENSE			
Do you have a driver's license? Yes:		Class:			
DL Number:		Issued:		Expiration:	
	EXPERIEN	ICE	<u>.</u>		
TYPE OF CERTIFICATION GRAD	UATING FACILITY	YEARS OF EX	PERIENCE		
Fire fighter 1 Yes: No:					
Fire Fighter 2 Yes: No:					
EMR Yes: No:					
EMT Yes: No:					
Paramedic Yes: No:					
CPR Yes: No:					
Forestry Yes: No:					
Hazmat Yes: No:					
Diagon list all whole	PHOBIA		-dt-		
Please list all prior	ias you have i.e. hei	gnts, biood, confin	eu spaces, eu	<u> </u>	
	IEDICAL ISSUES/PHYS				
Please list all health issues i.e. breathing problems, heart attack, back injuries, seizures, etc					

BAGDAD FIRE RESCUE MEMBERSHIP APPLICATION
CRIMINAL BACKGROUND
If you answer yes to any of the questions please explain using the blank space below the question you answered yes to
Have you received any traffic citations in the past 3 years? Yes: No:
Have you ever been convicted, plead guilty, or no contest to a misdemeanor? Yes: No:
Have you ever been convicted, plead guilty, or no contest to a felony? Yes: No:
I Certify that all statements are true and correct to the best of knowledge and all statements contained within this application are subject to investigation. I consent to a background check before acceptance into the department. I agree that if I become a member
I will attend all functions of the department whenever possible. I understand that if I am accepted I will be placed on a probation period of at least 6 months and I understand also that any fire department issued equipment will be returned to the department if I decide to leave in the future or I am terminated from the department.
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