

Application for Membership
Monroe Fire Protection District
Monroe County, Indiana

Last name:		First:		Middle:		Nickname:		Date of application:	
Street address:						Work telephone:		Social Security number:	
City:		State:		ZIP code:		Home telephone:		Pager number:	
E-mail Address:						Cell Phone:		Date of Birth:	
How were you referred to MFD (Check only one.)	Volunteer referral svc.	MonroeFD.org Website	Another agency	By a member	Advertisement	Open house	Walk-in	Other	

An Equal Opportunity Agency

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Employment Record

Starting with present or most recent, list your two previous employers. Include self-employment and summer and part-time jobs.

Present Employer:				Type or classification of job:			
Street address:			Phone number:	Brief description of job duties:			
City:		State:	ZIP:				
Supervisor's name:							
Dates worked From:		To:					
Previous Employer:				Type or classification of job:			
Street address:			Phone number:	Brief description of job duties:			
City:		State:	Zip:				
Supervisor's name:							
Dates worked From:		To:					
Reason for leaving:							

Educational History

School Name:	Location		Major course or subject:	Dates attended		Graduated		Degree
	City:	State:		From:	To:	Yes:	No:	
Graduation high school								
Technical/trade (after high school)								
College (list all attended)								
Other education/training								

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Profession memberships, certificates, or licenses held:
Past and Present civic or cultural activities – including offices held:
Principal hobbies:

Special Skills

Indiana Firefighters Certification PSID #:	Level:		
Indiana EMS Certification PSID#:	Level:		
Drivers License #:	D.L. State:	Expiration date:	Type:

Military Record

Branch of Service:	From:	To:
Present military affiliation: (Check one) None Reserve Reserve (inactive) National Guard		
Kinds of training and duty while in the service:		

Personal References

List three persons who are not listed previously as employers, one may be a relative.

Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:

Have you ever been convicted of a Felony or Misdemeanor? If yes, please submit details of incident including the State of conviction separately.
 (Check one) No Yes

Please describe the hours that you would be available (in general) to respond to emergency runs:
Please briefly state your reasons for becoming a volunteer with this department:
Please list any previous fire, EMS, or public safety related experiences (please include reference information: contact name, phone number):

Please check any activities, or specialty areas that you feel you would be interested or qualified for (check all that apply):

Fire fighting	Fire Prevention	Training	Hydrant testing	Specialized Rescue
EMS	Fire Investigations	Pre-Incident Planning	Inspections	Fund Raising
Hazardous Materials	Are you willing to submit to a physical examination by a physician: Yes No			

You must attach a copy of your current driver’s license and automobile insurance to this application!

ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

This document to be signed during the informal interview process!

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 requirements of membership on the back of this form and understand them.

Signature _____ Date _____

If any of your educational or employment records are under other than the above name, please provide other names.

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to perform a background investigation on all applicants to the department applicants must sign the following statement:

I, _____ an applicant for the Monroe Fire Protection District 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’s 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 held in strictest confidence.

Signature _____ Date _____

Witness _____ Date _____