

BAGDAD FIRE RESCUE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		Female: <input type="checkbox"/>	Male: <input type="checkbox"/>
Date of birth:	SSN:	Age:	
Address:			
City:	State:	ZIP Code:	
Phone: ()	Email:		
Membership type: Active: <input type="checkbox"/>		Associate: <input type="checkbox"/>	
Current place of employment:			

EMERGENCY CONTACT

Name:		
Address:		
City:	State:	Zip Code:
Relationship:	Phone: ()	

DRIVER LICENSE

Do you have a driver's license? Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Class:
DL Number:	Issued:	Expiration:

EXPERIENCE

TYPE OF CERTIFICATION	GRADUATING FACILITY	YEARS OF EXPERIENCE
Fire Fighter 1 Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Fire Fighter 2 Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
EMR Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
EMT Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Paramedic Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
CPR Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Forestry Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Hazmat Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

PHOBIAS

Please list all phobias you have i.e. heights, blood, confined spaces, etc

MEDICAL ISSUES/PHYSICAL DISABILITIES

Please list all health issues i.e. breathing problems, heart attack, back injuries, seizures, etc

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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.

Signature of applicant:

Date:

Printed name of applicant:

As part of the application process you will need to go to the Santa Rosa County Sheriff's Office located on 5755 East Milton Road to get a background check completed. Once completed bring the background check and application by the station between 8AM and 4PM Monday through Friday unless it is a holiday.

****FOR CHIEF AND REVIEW COMMITTEE USE ONLY****

Notes:

Committee member name:

Committee member approval? Yes: No:

Department body approval? Yes: No:

Probation beginning date:

Probation ending date:

Station I.D. number:

Chief Signature: