

**Date of Application:** \_\_\_\_\_

**APPLICATION FORM**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ how long at above address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ if married, spouses name \_\_\_\_\_

Have you ever been convicted of, pleaded guilty or "no contest" to a crime? Yes or No

If so, please explain: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Class of membership requested (please select one from each category below):

\_\_\_\_ Junior (16 – 18 years old) or \_\_\_\_ Senior (18 and above)

\_\_\_\_ Firefighter or \_\_\_\_ EMS Support or \_\_\_\_ Administrative Support

**EMPLOYMENT INFORMATION**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will your present employer allow you to respond to daytime calls? Yes \_\_\_\_ No \_\_\_\_

**EDUCATION**

Name of last school attended: \_\_\_\_\_

Highest grade, level, or degree achieved: \_\_\_\_\_

**MILITARY**

Were you ever in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_ Grade: \_\_\_\_\_ Job: \_\_\_\_\_

If discharged, what was the nature? \_\_\_\_\_

**MEDICAL**

Your family doctor: \_\_\_\_\_

Doctor's address & Phone #: \_\_\_\_\_

Have you had a Hepatitis B vaccination within 10 years? \_\_\_\_ Date: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Have you ever been refused employment for health reason? Yes \_\_\_\_ No \_\_\_\_

Have you ever been disqualified for duty in the armed forces? Yes \_\_\_\_ No \_\_\_\_

*The essential job functions of a volunteer firefighter and EMS Support officer in the North Bench Fire District include, but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.*



The North Bench Fire District has permission to discuss, for Fire Department purposes, the content of this application with anyone except as noted here:

\_\_\_\_\_

If none, so state: \_\_\_\_\_

Eligibility for membership in the North Bench Fire District is subject to and contingent upon a satisfactory DOT physical and background investigation to be obtained from the ID, Department of Health and Welfare or a private third party company.

I hereby release and hold harmless from liability the North Bench Fire District any and all other persons, companies, corporations, schools, colleges, or Police Departments supplying information pertaining to this application.

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial: \_\_\_\_\_

The information given on this application is true and correct to the best of my knowledge, and I hereby give the North Bench Fire District permission to verify any or all of its contents as necessary.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JUNIOR FIREFIGHTERS**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ are giving permission for our son/daughter to apply for membership in the North Bench Fire District. I/We, also, give permission for our son/daughter to perform in the duties and functions as required and as allowed by governing state laws. The junior firefighter applicant must also abide by the North Bench Fire District's SOG (Standard Operating Guideline) for junior firefighters.

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature      Date

\_\_\_\_\_  
Printed Name

School now attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Guidance Counselor Name: \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

Applicant's Name: \_\_\_\_\_  
First Last MI

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the North Bench Vol Fire District INC bearing this release with administrative authority, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Rules and Regulations, and Standard Operating Guidelines of the North Bench Vol Fire District INC. All Information obtained will be held in strictest confidence.

Applicant's Signature: \_\_\_\_\_

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

Parent(s)/Guardian(s) Signature: \_\_\_\_\_  
(If applicant is under 18 years old)