

Little Rice Fire Department

Application for Membership

Date: _____

Name: _____ DOB: ____/____/____
(Full Legal Name)

Address: _____ Home Phone#: _____

Cell Phone#: _____

SS#: _____ - _____ - _____ (REQUIRED) Business Phone#: _____

Married / Single Name of Spouse: _____

Emergency contact: _____ Telephone#: _____

If at present address less than three years, former address:

Drivers License #: _____ Expiration Date: _____

Please list all moving violations in the last three years:

Have you ever been convicted of *any* crime(not including moving violations)? Yes / No

If yes, please explain: _____

Employer name and address: _____

Relevant training: _____

(attach copies of any certificates that might be relevant)

NOTICE:

Acceptance of this application does not obligate the Little Rice Fire Department in any way. Completion and return of this application authorizes the Little Rice Fire Department to obtain background information about you. This may include criminal, driving, civil and or additional information as deemed appropriate by the Agency.

ALL STATEMENTS MADE ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

Signature: _____ Date: ____/____/____

Received by: _____

This application will be forwarded to the Membership Committee for review. Applicant will be contacted upon completion of the review process. Until authorized by the Chief of the Department, applicant is not permitted to participate in Department activities.