

I. CONVICTIONS AND JUDICIAL PROCEEDINGS

1. Have you ever been convicted of any violation of the law, other than traffic or parking offenses.
 No Yes
2. Have you been convicted of any traffic violations within the past three years?
 No Yes

3. Complete the information below for any driver's license and/or vehicle registrations issued to you:

NUMBER & STATE	TYPE/CLASS	DATE EXPIRES	PLATE NO	VALID UNTIL
_____	_____	_____	_____	_____

III. EMPLOYMENT AND EXPERIENCE

A. Civilian

1. List all employers for whom you have worked starting with your present or more recent.

FROM / TO	EMPLOYER	ADDRESS	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____

2. Have you ever applied for membership with any Fire Department, other than this application?
 No Yes (If yes, give details):

DATE	LOCATION	POSITIONS HELD
_____	_____	_____
_____	_____	_____

B. Military Service

1a. Have you ever served in the armed forces of the United States?
 No Yes (If yes, give details):

FROM/TO	BRANCH	SERIAL NUMBER	TYPE OF DISCHARGE
_____	_____	_____	_____
_____	_____	_____	_____

1b. Are you now serving, or have you ever served, in any reserve National Guard Unit?
 No Yes (If yes, give details):

FROM TO	NAME OF UNIT	LOCATION
_____	_____	_____
_____	_____	_____

V. EDUCATIONAL QUALIFICATIONS

1. Are you a high school graduate? Yes No

2. Do you possess a high school equivalency or a G.E.D. Diploma? Yes No

3. College/trade school (list degrees): _____

V GENERAL INFORMATION

1. List below three (3) persons who can attest to your character, your integrity, and your fitness for the position. (DO NOT INCLUDE PRESENT OR PAST EMPLOYERS OR RELATIVES):

NAME	ADDRESS	PHONE NUMBER

2. Who or what prompted you to apply for membership in the Hughsonville Fire Company? _____

3. Why do you want to join the Hughsonville Fire Company? _____

4. Have you ever been a member of, or supported financially or otherwise, any organization which advocates, advises or supports the overthrow of the government of the United States or any other political entity or subdivision, by the use of violence, force, or any other unlawful means?
 No Yes
(If yes, give details):

5. If there is anything at this time that you would like state about your character or background that you feel the Membership Board should be aware of in considering your application, please include it in the space provided below or on a separate sheet of paper:

PLEASE NOTE: REGARDING REQUIRED FIREFIGHTER PHYSICAL

All new, Active members have forty-five (45) days from the date their application is approved by the Board of Fire Commissioners in which to complete the District-approved physical. Failure to do so will cause their Active Status in the Fire Company to be immediately terminated. (Hughsonville Fire District Rules and Regulations, 10.040)

Completion of the District-approved physical includes a mandatory return to the facility administering the District-approved physical for a "reading" of the PPD (tuberculosis) skin test at the time/date specified by the medical personnel. Failure to do so may place the new member's status in jeopardy. (Hughsonville Fire District Rules and Regulations, 10.040)

New Member will be required to reimburse the Hughsonville Fire District for the entire cost of his/her physical if he/she resigns from the Hughsonville Fire Company OR he/she is terminated from the Fire Company for disciplinary reasons in less than one (1) year from the date of his/her membership approval by the Board of Fire Commissioners. (Hughsonville

Parent/Guardian Permission Form

Date: _____

To: The Hughsonville Fire Company, Inc.

I, _____ give my son/daughter permission to apply for membership in the Hughsonville Fire Company.

If he/she is accepted for membership in the Hughsonville Fire Company, I understand the requirements and obligations he/she will assume.

(Signature of Parent or Guardian)

DISPOSITION OF APPLICATION

Applicant: _____

Reviewed by Membership Board: _____
(Date)

Membership Board Members voting:

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Print Name	Signature	

APPROVED REJECTED

Company Vote: Date _____ ACCEPT _____ REJECT _____ ABSTAIN _____

Badge Number: _____

District Action: Date: _____ CONFIRM REJECT

Fire District Secretary: _____

Fire Company Membership Secretary: _____ Date: _____

Removed from rolls of Active Firefighting on: _____

Reason: _____