

Application for Volunteer Membership

Equal Employment Opportunity Statement:

Member decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodation will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.

Applicant Name: First	Middle	Last

Address	City	State	Zip

Telephone Number	Cell Phone Number

Position(s) Applied For	Date of Application

Have you ever done volunteer fire fighting before:

How did you learn about DAVID CROCKETT STEAM FIRE COMPANY NO. 1?

Referred by: _____ Referred by: _____

Referred by: (sign) _____ Referred by: (sign) _____

Have you ever been employed with us before? No Yes—Specify date and position:

Are you currently employed? No Yes

Are you 18 years of age or older? Yes No

Are you willing to take drug tests at the Company's request? No Yes

Have you ever gone by a name other than the one listed above? No Yes—Please list:

EDUCATION

List the last 3 schools attended.

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

Name of College	Location
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Years Completed	Degree/Major	G.P.A.
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Diploma obtained? Yes No

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

NOTE: If you answered "no" to the above question, please skip the rest of this section.

What was the length of your military service? _____ years, _____ months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

EMPLOYMENT HISTORY

Employer	Supervisor
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Address	Phone
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Position Title and Duties

REFERENCES

Name	Phone Number	Years Known

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release DAVID CROCKETT STEAM FIRE COMPANY NO. 1 from liability for collecting information about me and using it to make employment decisions.

If I become volunteer by the Company, I understand that the volunteer relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the President or Chief of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company.

This application for membership is valid for the next 90 days. I understand that if I wish to be considered for membership after this period of time, I must apply again.

I understand that as a member of the David Crockett Steam Fire Company No. 1 I have yearly dues. I will submit a check or money order in the amount of \$24.00 which will cover my first two years. In the event that my application is rejected, I understand that these initial dues will be refunded to me.

If membership is granted, I understand that I must complete a medical history questionnaire and return it to the company within thirty (30) days of my acceptance or my membership will be void and null.

Signature of Applicant

Date

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