

Schaefferstown Fire Company

Application For membership

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

XX

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

XX

Date of Birth: _____

SSN#: _____

XX

Drivers License#: _____

Drivers License Class: _____

XX

Please list all levels of emergency training:

Fire Fighter Level: _____

EMT Cert#: _____

EVOC: _____

Vehicle Rescue: _____

Hazmat: _____

Please list specialty training: _____

XX

Criminal Record:

Ever found guilty of drunk driving? Yes _____ No _____

Ever found guilty of reckless driving? Yes _____ No _____

Ever found guilty of any criminal charges? Yes _____ No _____

Please explain if any were answered with "yes"

Signature: _____