

APPLICATION FOR MEMBERSHIP



Ironwood Volunteer Fire Dept.

P.O. Box 33
IRONWOOD, MICHIGAN 49938-0033

NAME: _____ TODAY'S DATE: _____
LAST FIRST MI

ADDRESS: _____ PHONE #: _____
NUMBER STREET APT #

_____ DOB: _____
CITY STATE ZIP

Are you 18 years old or older? _____
 Do you have access to a reliable vehicle? _____
 Have you ever been convicted of a misdemeanor or felony? _____
 If yes, please specify: _____

EDUCATION:	YEARS	SCHOOL/CITY	YR. GRADUATED
High School:	_____	_____	_____
Vocational:	_____	_____	_____
College:	_____	_____	_____
Any Firefighter Training:	_____		

EMPLOYMENT RECORD: (List most recent employer first.)

EMPLOYER	ADDRESS	EMPLOYED FROM/TO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Do you have any physical disabilities which would prevent you from fulfilling the duties of a volunteer firefighter?

REFERENCES:	LIST THREE (3)	NOT FAMILY OR EMPLOYERS
Name	Address	Phone Years Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby authorize any of my references/employers to furnish the IRONWOOD VOLUNTEER FIRE DEPARTMENT and/or IRONWOOD PUBLIC SAFETY DEPARTMENT with any information concerning me. I also authorize the IRONWOOD PUBLIC SAFETY DEPARTMENT to check for any criminal history on me, and I hereby release any and all persons/organizations free responsibility for any damages that may result from any information given or records provided to the departments.

I understand that a physical examination is required, and I agree to submit to a physical examination from a physician or designee of the department's choice.

I further agree that I must pass a fire oriented physical agility examination.

I understand that if I knowingly withhold any information, or give false information, or make any misrepresentation in connection with this application, any offer of membership with the IRONWOOD VOLUNTEER FIRE DEPARTMENT may be withdrawn and my membership in the IRONWOOD VOLUNTEER FIRE DEPARTMENT may be terminated.

Applicant's Signature _____

DATE _____

