

# Millbrook Fire Department

Application for Membership

Revised 5-2017

Position :  Firefighter  EMT  
 Firefighter/EMT  Cadet (under 18 yrs.)

Name: \_\_\_\_\_ Are you 18 yrs or older?: Y \_\_\_ N \_\_\_

DL # \_\_\_\_\_ St. \_\_\_\_\_

Present Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation and Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Days/Hours \_\_\_\_\_ Available Days/Hours \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the jobs "essential functions" to respond.

Have you ever been arrested Y / N List Offense: \_\_\_\_\_

Were you convicted Y / N List Convictions: \_\_\_\_\_

EMT License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

Firefighter Cert. #: \_\_\_\_\_ Date Completed: \_\_\_\_\_ St. \_\_\_\_\_

Previous experience: \_\_\_\_\_

Courses Attended: \_\_\_\_\_

Have you been affiliated with any other Fire Dept. or Emergency Service? \_\_\_\_\_

If "yes", which department or company: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

All of the above statements are true and correct to the best of my knowledge. I understand that falsification of this document will cause immediate termination. I understand that certain responsibilities will be expected of me, and that I will be called upon to give freely of my time to the community. I also understand and authorize a background check of my history and criminal record. I swear to uphold the laws, ordinances, rules and regulations of the State of Alabama, City of Millbrook, and the Millbrook Fire Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_