

MEMBERSHIP APPLICATION

Date of Application: _____

1. Social Security Number: _____ - _____ - _____
2. Drivers License Number: _____ State: _____
3. Full Legal Name: _____
4. Mailing Address: _____

Home address: _____

5. Home phone: _____
6. Business phone: _____

7. Cell: _____

8. email address: _____

9. Emergency Contact Name: _____

Address: _____

Phone: _____ Cell: _____

Relation to Member: _____

10. Are you a current Highlands Resident: (Yes) (No)
If yes, how long? _____

11. How long do you expect to remain in this area? _____

12. Have you ever been charged or convicted of a law violation, including moving traffic violations (Yes) (No)

If yes, explain:

13. May we contact your current or previous employer for a reference? (Yes) (No)

14. Who is your current employer? _____

15. Address and Phone number for employer:

16. Describe any skills that you possess or specialized training/achievements you have had which you believe would be relevant to being a member?

17. Are there any medical reasons that would prevent you from performing the duties as a firefighter? (Yes) (No)

If Yes, explain:

18. List the names, address and telephone numbers of three persons not related to you who know your qualifications and your character.

1. _____

2. _____

3. _____

ARGEEMENT

If acceptance is obtained under this application. I agree to comply with all orders, rules and regulations of the Highlands Fire Department. The answers to the forgoing are true to the best of my knowledge and belief and that the signature below is my own and in my handwriting. It is understood that any false statement on this application is sufficient cause for rejection or dismissal. All applicants must pass physical by authorized Highlands Fire Department Physician.

CONSENT AND AUTHORIZATION

The Highlands Fire Department reserves the right to verify, through lawful sources the information provided by the applicant including the substantiation of any statements concerning the applicants previous criminal record or background, if any.

The applicant in submitting his or her application is expressly aware of such procedures and hereby consents to and authorizes the Department it's agents and officers to verify by the appropriate means and information furnished by the applicant.

Applicant Signature: _____ Date: _____

