Walkerville
Volunteer Fire Department

48 West Daly Walkerville, Mt 59701

In compliance with Federal and State Equal Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, marital status, or the presence of a non-job-related medical condition or handicap. Some of the information herein is required by the Town of Walkerville resolution or ordinance or is needed for business necessity or other legally permissible reasons.

Legal Name: _____ Social Security # _____

Address: _____ Years at this Address: _____

Age: _____ Date of Birth: _____ Phone(H): _____ (W): _____ {C}: _____

E Mail Address: _____

A Photocopy of Driver's License must be included with application.

Driver's License #: _____ State: _____ Expiration Date: _____

Occupation: _____ Employer: _____ Supervisor: _____ Contact #: _____

Do you own and pay taxes in the district? Yes _____ No _____ Rent _____

Are you a registered voter in the district? Yes _____ No _____

In the last three years, have you been convicted of a criminal offense other than traffic violation? Yes _____ No _____

Have you ever been arrested and / or convicted of driving under the influence of drugs or alcohol? Yes _____ No _____

Reason for applying to be a firefighter: _____

_____

_____

_____

List any qualifications as a firefighter: _____

_____

_____

Application for Membership

Walkerville
Volunteer Fire Department

48 West Daly Walkerville, Mt 59701

List Fire Departments you have experience with:

Department: _____ Supervisor: _____ Contact #: _____

Department: _____ Supervisor: _____ Contact #: _____

Agreement and Authorization for release of Information

I certify that all statements made herein are true and complete to the best of my knowledge, and I agree / understand that any misstatement of facts herein may cause forfeiture of all rights to membership.

I authorize Walkerville Volunteer Fire Department Representatives to make such investigation and inquiries of my personal history and other related matters as may be necessary in arriving at a membership decision. I hereby relieve all persons from liability in responding to inquiries in connection with my application.,

I, the undersigned hereby make this application for membership in the Walkerville Volunteer Fire Department. If accepted, I shall abide by all the rules regulations governing the operations of the department and its membership. I also understand that to remain a member of this department I must take part in all activities such as Fire Fighting, Fire Schools, Fire Meetings, clean up Committees and other work details that may come up. I will attend and successfully complete Fire Fighter 1 with in the first 18 months in the department.

For the first (6) months in the organization will be a probation period and I may be terminated for cause.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian (if under 18 years of age _____ Date: _____

For Department Use Only

Date Application Submitted: _____ Application accepted ____ denied ____

Secretary / Treasurer: _____ Date: _____

Chief: _____ Date: _____

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