## 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 #  Years at this Address: |                  |
|---|----------------------|---|------------------|
|   |                      |   |                  |
| E Mail Address:                                       |                      |   |                  |
|   |                      |   |                  |
| A Photocopy of Driver's License                       | e must be included w | ith application.                          |                  |
| Driver's License #:                                   | State:               | Expirat                                   | ion Date:        |
| Occupation:   | Employer:            | Supervisor <u>:</u>                       | Contact #:       |
| Do you own and pay taxes in th                        | e district? Yes      | NoRe                                      | nt               |
| Are you a registered voter in the                     | e district? Yes      | No  |                  |
| In the last three years, have you violation? Yes——No. |                      | criminal offense othe                     | er than traffic  |
| Have you ever been arrested ar alcohol? YesNo         | •                    | iving under the influ                     | ence of drugs or |
| Reason for applying to be a fire                      | fighter:             |   |                  |
|   |                      |   |                  |
|   |                      |   |                  |
| List any qualifications as a firefi                   | ghter:               |   |                  |
|   |                      |   |                  |

## **Application for Membership**

## Walkerville Volunteer Fire Department 48 West Daly Walkerville, Mt 59701

| List Fire Departments you   | a have experience with:   |  |
|---|---|--|
| Department:   | Supervisor:   | Contact #:   |
| Department:   | Supervisor:   | Contact #:   |
| Agree   | ement and Authorization for rele  | ease of Information  |
| -   |   | nplete to the best of my knowledge,<br>nerein may cause forfeiture of all rights   |
| and inquiries of my perso   | onal history and other related man. I hereby relieve all persons fro  | esentatives to make such investigation atters as may be necessary in arriving m liability in responding to inquiries in  |
| Fire Department. If accept of the department I must take purchase up Committees and | oted, I shall abide by all the rules<br>s membership. I also understand<br>part in all activities such as Fire Fi | pership in the Walkerville Volunteer regulations governing the operations that to remain a member of this lighting, Fire Schools, Fire Meetings, me up. I will attend and successfully department. |
| For the first (6) months in for cause.  | n the organization will be a proba  | ation period and I may be terminated   |
| Signature of Applicant:   |   | Date:  |
| Signature of Parent or Gu   | uardian (if under 18 years of age   | Date:  |
|   | For Department Use  | e Only   |
| Date Application Submitt  | ed: Application   | n accepteddenied   |
| Secretary / Treasurer:  |   | Date:  |
| Chief:  |   | Date:  |

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