## APPLICATION FOR MEMBERSHIP TRI CITY FIRE DEPARTMENT

|                              |  | DATE              |  |
|------------------------------|--|-------------------|--|
| Name                         | S.S.#                                    |                   |  |
| Physical Address             |  |                   |  |
|                              |  |                   |  |
|                              | Cell Phone #                             |                   |  |
|                              | _ Insurance provider and policy#         |                   |  |
| SexHeightW                   | eight Eye Color                          | _Married Y or N   |  |
| In case of emergency who     | will be notified                         |                   |  |
| Vame                         | Relationship to you                      | Phone Number      |  |
| vame                         | Relationship to you                      | Phone Number      |  |
| peneficiary (ies)            | tment related death please specify w     |                   |  |
| Vame                         | Phone Number                             | Percentage        |  |
| Name                         | Phone Number                             | Percentage        |  |
| Jame                         | Phone Number                             | Percentage        |  |
| imployer Information         |  |                   |  |
| lame of employer             |  | How Long employed |  |
| lours or shift you work      |  |                   |  |
| ast employer if less than th | ree years                                | :                 |  |
| ist three personal reference | es that are not on the Tri City Fire Dep | partment -        |  |
| ame                          | Phone Numbe                              | r                 |  |
|                              |  | Phone Number      |  |
|                              | Dhara North                              |                   |  |

| Previous Firefighter Experience Y or N   |   |  |
|--|---|--|
| If yes where   | How Lor   | ng   |
| Military Experience Y or N   |   |  |
| If yes Branch Rank   | Length of time  | Type of discharge  |
| Highest level of education   | 4   |  |
| Courses that may be relevant to Fire Fight   | ing   |  |
| List all allergies   |   |  |
| Do you have any medical condition that co  |   |  |
| If yes then please elaborate   |   |  |
|  |   |  |
| By signing this form you are agreeing that the inform District #4 permission to use this information for the | mation is accurate and truthful,<br>e purpose of evaluating your ap | , and you give Tri City Rural Fire Protection oplication for membership. |
| Signature  |   | Date   |

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## Tri City Rural Fire Protection District #4 Criminal History Consent Form

| l,                                       | Hereby give my consent for Law Enforcement to conduct a             |
|--|---|
| records check for criminal history on I  | my background and release it to the Fire Chief, Assistant Chief, or |
| any officer on the Tri City Fire Departs |   |