



MEMBERSHIP APPLICATION – AMBULANCE DIVISON

Date Received	_____
Received by	_____
Date Interviewed	_____
Date Accepted	_____

Position that you are applying for: EMT/MRT ___ Observer ___ Driver ___ Squad II ___
 Name: _____ Address: _____

Age: _____
 Home phone: _____

Current Employment: _____

Employer Address: _____ Phone: _____

Length of Service (Yrs/months) _____

Have you ever been denied membership to an Emergency Service, either paid or volunteer? Yes ___ No ___
 If yes, explain: _____

Previous Fire/Rescue Training Yes/No If yes, where? _____

Previous First Aid Training Yes/No If yes, where? _____

Please give a brief statement as to why you would like to be a member of this organization:

List three personal references, other than family members

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

I _____ acknowledge that the information submitted above is accurate. If any of the above information is found to be false, this application will become void. I understand that with the submission of this application I must pass a pre-employment drug, and alcohol test prior to acceptance to probationary membership. **The Fire Department requires you to bring a copy of your motor vehicle and criminal conviction records to the interview.**

If this application is for a Squad II membership, a parent or legal guardian signature is required: _____

Applicant's Signature _____ Date: _____

Somers Fire Department

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