AXTELL VOLUNTEER FIRE & RESCUE DEPARTMENT MEMBERSHIP APPLICATION

NAME:	SSN:
NAME: (Last) (Maiden) (First) (Middle)	
ADDRESS:	
	•
PHONE NUMBER: (Home)	(Other)
BIRTH DATE: HEIGHT:	WEIGHT:
DO YOU HAVE ANY DISABILITIES? (If yes, list):	
HEALTH: (Circle) EXCELLENT GOOD	FAIR POOR
SPOUSE' NAME, IF MARRIED:	٠.
EDUCATION: (Circle Highest Grade Completed) 1 2 3 4	5 6 7 8 9 10 11 12
NAME OF HIGH SCHOOL:	-
COLLEGE OR UNIVERSITIES ATTENDED: (List Name, Date	
DRIVERS LICENSE: (Circle Yes or No, and Class)	
DO YOU HAVE ANY MOTOR VEHICLE VIOLATIONS, INC CARELESS AND/OR RECKLESS DRIVING, OR ANY CHAR	LUDING, SPEEDING, DUI, GEABLE ACCIDENTS: (If yes, list)
	*
PRESENT EMPLOYER:	
ADDRESS:	
	NIIMRER

IMMEDIATE SUPERV	ISOR: (Name and	phone number)		
LIST HOURS AND DA	YS AT WORK:			
REFERENCES: (List the with your education and	nree people who a for work experience	re not related to yo ce.)	ou by blood or m	arriage who are familiar
NAME	I.	COMPLETE AL	DDRESS	PHONE NUMBER
				,
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			.	
HAVE YOU EVER BEI SIMILAR ORGANIZAT	EN A MEMBER (TION? (Circle Ye	OF A FIRE DEPA es or No)	RTMENT, RES	CUE SQUAD, OR
NAME & ADDRESS O				
LENGTH OF SERVICE				
HAVE YOU EVER BEI	EN DISMISSED I	FROM ANY POSI	TION? (Circle	Yes or No)
(If yes, explain)				· · · · · · · · · · · · · · · · · · ·
HAVE YOU EVER BE	EN FORCED TO	RESIGN FROM A	ANY POSITION	? (Circle Yes or No)
(If yes, explain)		·		
CASE BEEN FILED AC	ED, FINED, IMP GAINST YOU? ((RISONED, OR P. Circle Yes or No	LACED ON PRO	OBATION, OR HAS ANY
(If yes, explain)				

ROM MEMBERSHIP:					
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