

Alexandria Fire Department

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT (Last, First, MI.):	ADDRESS OF APPLICANT:
MAIN PHONE NUMBER:	OTHER PHONE NUMBER:
SOCIAL SECURITY #:	DATE OF BIRTH:
PLACE OF BIRTH (CITY& STATE):	CURRENT PLACE OF WORK:
Have you ever been convicted or, or forfeited collateral for any firearms or explosive violation? Yes / No	Are you now under any charges for any violation of law? Yes / No
During the last 10 years have you been convicted, been imprisoned, been on probation, or been of parole? Yes / No	Have you ever been convicted by a military court-martial? Yes / No
Do you understand that if you are accepted that you are considered an employee of the city and you are subject to alcohol / drug screening procedures. Yes / No	Have you had any previous fire fighting experience? (If yes, provide location, dates and duties on back of application.) Yes / No
Do you have any disabilities that would prevent you from performing the essential functions of firefighting? (If yes please explain on back of application) Yes / No	Approximately how many miles from the Alexandria Fire Department do you live?
Are you a member of any other emergency organization such as: EMS, Rescue Squad, or Municipal Fire Department? (If yes please provide name of the organization). Yes / No	Please provide your Tennessee Driver's License number along with your license class.
By signing below, I am certifying that all of the above information is true to the best of my knowledge, and if accepted into membership I will answer to the Chief of Fire and may be dismissed at any time. SIGNATURE:	<u>NOTES FROM FIRE CHIEF AND REVIEWING OFFICIALS:</u>
FOR FIRE DEPARTMENT OFFICE USE ONLY:	PROBATION PERIOD BEGINS:
	PROBATION PERIOD ENDS: