• MIDDLEBURY FIRE DEPARTMENT •

Application for Membership

PLEASE PRINT CLEARLY OR TYPE

All questions must be answered. Do not be embarrassed by any questions, they are for department use only, and will be used to evaluate your request to become a member. We do not want to place anyone in a position of fighting fires for which he or she is not qualified. Middlebury Fire Department reserves the right to conduct a medical background and criminal record check on each and every applicant.

			Date		
Name		Social Security No			
Address _				_ Male Female	
Age	Date of Birth	Marital Status	Evening Phone		
Day Phone		e-mail			
Present En	nployer				
• Ne	xt of Kin		Relation _		
• Ad					
How long h			Are any of your re		
members o	of this department?	If yes, who?			
			vider? If yes, nur		
In wh	at department(s)?				
Highe	est position held in that /	those department(s)?			
Name	e & phone #(s) of Chief(s):			
Do you hav	ve any experience in ope	rating heavy trucks?	If yes, explain:		
Can you cl	imb and work safely on a	a ladder? Li	st any other similar skills or ex	xperience you'd like to	
make us av	ware of:				
Can you no	ormally attend fires in the	e daytime?	Nighttime?		
Do you bel	ong to any other civic or	ganizations? If y	es, please list below:		

Do you have a valid driver's license?	If yes, wh	nat state?	
What is your driver's license number?			
Have you had any traffic violations?	If yes, explain w	_ If yes, explain what they were, what state they occurred in, and on	
what date:			
Have you had any court actions other than	traffic violations?	If yes, what were they and when?	
Please list 3 personal references (not famil	ly members) with confirme	d daytime and evening phone numbers:	
NAME	DAY PHONE	EVE	
NAME	DAY PHONE	EVE	
NAME	DAY PHONE	EVE	
Department (MFD). A copy of the by-laws of	can be issued upon request	ulations stated in the by-laws of the Middlebury Fire t and will be provided upon acceptance. paperwork before any fire gear is issued and are	
· · · · · · · · · · · · · · · · · · ·		paperwork before any fire gear is issued and are al physicals thereafter) which will be paid for by the	
		the conditions of this application process - and if Fire Department.	
Signature:		Date:	
OFFICE USE ONLY APP	PROVAL OF HOUSE COMMITTE	ĒĒ:	
		DATE:	
LIEUTENANT		DATE:	
LIEUTENANT		DATE:	
MEMBERSHIP APPROVAL BY CHIEF		DATE:	