

Spring Creek Volunteer Fire Department

Application for Membership

PLEASE PRINT

Date of Application _____

Referral Source: () Advertisement () Friend () Walk-in () Other

Type of Membership: () Firefighter () Auxiliary () Both

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip)

Telephone: _____

Birth Date: _____ Age: _____ Sex: Male () Female ()

Valid Nevada driver's license: Yes () No () Class _____ No.: (#) _____
(A copy of your driver's license and driving record must accompany this application.)

Have you applied for membership before? Yes () No ()

Name of Employer: _____

Address: _____

Telephone: _____

Have you been a member of other volunteer fire departments before? Yes () No () If yes, please provide the address, telephone number, department and contact person on a separate sheet of paper.

Have you ever terminated service with or been terminated by any volunteer or governmental fire department? Yes () No () If yes, please provide the address, telephone number, department and contact person on a separate sheet of paper.

Have you been convicted of a felony within the last ten (10) years? Yes () No ()

If yes, please explain. _____

Have you had traffic citations or moving violations with the last five (5) years? Yes () No ()

If yes, please explain. _____

Have you been convicted of Driving While Intoxicated? Yes () No ()

How long have you lived at the above address? Years _____ Months _____

City and State of last residence: _____

Marital Status _____

If married, please provide spouse's name: _____

Height _____ Weight _____ Hair _____ Eyes _____

Next of Kin _____

Phone Number _____

Emergency Contact Number _____

EDUCATION

Elementary High College Graduate

School: _____

Years 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4
Completed
(Circle Highest)

College Degree: () AA () BA () BS () MS () PHD () Other: _____

Degree Subject: _____

CHARACTER REFERENCE

Please list the names and addresses of three (3) character references (not related to you and only one may be a member of the S.C.V.F.D.):

- 1) _____ Phone _____
2) _____ Phone _____
3) _____ Phone _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that I will be subject to an interview, and that all persons named herein, and all references, may be contacted to verify the information I have provided.

I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision, and I authorize a background check through any source available, including law enforcement.

In the event this application is accepted, I understand that false or misleading statements given in my application or interview may result in discharge.

I understand, also, that I am required to abide in all rules and regulations of the S.C.V.F.D.

I also understand that any use of illegal drugs or substance abuse will result in immediate termination and will be reported to the authorities.

I further understand and agree that I will be subject to immediate discharge if I have failed to disclose material information necessary for a full and complete background investigation.

Signed _____ Date _____
(Applicant)

Signed _____ Dated _____
(Active Member Sponsor)

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Applications are considered for all positions without regard to race,
color, religion, sex, national origin, age, or marital status.
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