

Cronomer Valley FD Membership Application

Applicant Information

Name: <small>First</small>	<small>MI</small>	<small>Last</small>
Date of Birth:	**SSN:	Phone:
Current Address:		
City:	State:	ZIP:
Own [<input type="checkbox"/>] Rent [<input type="checkbox"/>]	How long?	District resident? Y <input type="checkbox"/> N <input type="checkbox"/>

Employment Information

Current Employer:		
Employer Address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Position:	Supervisor:	Supv.Ph.:

Emergency Contact

Name of Person to Contact:			
Address:			
City:	State:	ZIP:	Phone:
Relationship		Work Phone:	

Previous Fire Dept. Experience

Current or Previous Fire Dept.			
Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position Held:	Contact:	Note: Previous firefighters require a letter of recommendation and training records.	

Three Character References other than Work

Name	Address	Ph.
Name	Address	Ph.
Name	Address	Ph.

Driving Record

Driver License #	State-	Date of Birth-
Class _____	Violations	
Restrictions-		
Expires-		

Last 10 yr. history (include infractions, suspensions, convictions, accidents, revocations) Any missing info may cause application denial. Use separate sheet if needed.)

Education Select options completed:

High School College NoneOther None
 High School Name
 Address:
 College Name:
 Address:

Attach Applicant Picture Here

Personal Vehicle Info

Current Vehicle Make _____
 Registration _____
 Insured By _____
 Policy No. _____

MEMBERSHIP COMMITTEE USE : ID# _____
 Application Rcvd _____ Fee _____
 Posted _____
 Interview _____
 Char. Ref. _____ Lic. Check _____
 Work Ref. _____ Co. Approval _____
 Physical P F N/A District Notified _____

Medical History	
1) Do you consider yourself in good physical condition and able to pass a physical exam? (Active firefighters required to pass a physical exam and drug testing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Do you have or ever been treated for the following conditions?	
Heart <input type="checkbox"/> yes <input type="checkbox"/> no	Lungs <input type="checkbox"/> yes <input type="checkbox"/> no
Epilepsy <input type="checkbox"/> yes <input type="checkbox"/> no	Allergies <input type="checkbox"/> yes <input type="checkbox"/> no
Circulation <input type="checkbox"/> yes <input type="checkbox"/> no	Fainting <input type="checkbox"/> yes <input type="checkbox"/> no
Poor Eyesight <input type="checkbox"/> yes <input type="checkbox"/> no	Back Problems <input type="checkbox"/> yes <input type="checkbox"/> no
Drug Problem <input type="checkbox"/> yes <input type="checkbox"/> no	High Blood Pressure <input type="checkbox"/> yes <input type="checkbox"/> no
Mental Illness <input type="checkbox"/> yes <input type="checkbox"/> no	Communicable Disease <input type="checkbox"/> yes <input type="checkbox"/> no
If you answered yes to any of the above, please give a brief description; attach a separate sheet of paper if you need more room-	
-	
3) Have you ever been hospitalized or been operated on? <input type="checkbox"/> Yes <input type="checkbox"/> No	
- If yes, when, where, and for what?	
4) Have you ever collected Workmen's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when, where & for what?	
Criminal Records	
Do you have a criminal record? If so, explain on a separate paper and attach.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Verification of Application	
FD Member:	Date:
<i>I have received application fee of \$15 toward 1st yr dues (\$7 refundable)& Processing (\$8 non-refundable).</i>	Signature
<p>Members of CVFD respond to peoples' homes and businesses; this demands a high level of trust and integrity. A thorough background check will be made on the information you provide. Any fraudulent info or misinformation is grounds to bar you or drop your membership at a later date. The following must be read and signed by the applicant: <i>I am requesting to become a member of the Cronomer Valley Fire Dept., Inc. . I am aware of the following requirements and what is expected of me.1) I will live up to and abide by the By-Laws of the Fire Dept. 2) As a member, I will become a shareholder of the Cronomer Valley Fire Dept., Inc. and will be responsible to support the Dept. organization, fundraising, and functions. 3) I am responsible for any Dept. monies and/or property in my possession.</i></p> <p><i>I am applying for the ACTIVE [] MEMBERSHIP (Firefighter Interior/Exterior, Fire Police,& Social Obligation) SOCIAL [] MEMBERSHIP ONLY(Business, Fundraising, Upkeep, Committees)</i></p> <p><i>If I wish to become an ACTIVE MEMBER, I must observe the rules and regulations of the Cronomer Valley Fire District.; I agree to train and make all the calls I can; Upon leaving this organization, I will return all Dept. and District belongings to the Chief of the Department</i></p> <p><i>I declare, subject to the penalties of perjury, that the statements and information provided have been examined by me and to the best of my knowledge are true and correct. I also give permission for disclosure of any information pertaining to me while obtaining character, background checks, and medical information.</i></p> <p>** Social Security # used to obtain background checks and insurance forms- disclosure is voluntary.</p>	
Signature of Applicant:	Date:
Signature of Parent, only if under 18 years of age.	Date: