



Application for Membership

Date of Application _____ Social Security Number _____

Driver's License # _____ State _____ Date of Birth _____

Phone # _____ Email _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____ State _____

Mailing Address _____ City _____ State _____ Zip _____

Current Employer _____

Will Employer release you for calls? Yes _____ No _____

Do you have a High School Diploma or Equivalent Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

I have a Valid Driver's License? ___Yes___ No, CDL endorsement ___Yes___ No

Name of Department if applicable: _____

Have you had any prior Job or Training pertaining to Fire or EMS? ____ Yes ____ No

Mark all Certification(s) that apply

Fire Vol. _____ Fire I. _____ Fire II. _____ First Responder _____

EMT _____ AEMT _____ MEDIC _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision. I understand if my membership is approved, I must then be approved by the Village of Baltic Council Members. I further understand I will be subject to a health screening and drug test.

Signature of Applicant

Date

Below for Fire Department Use

Approved _____

Not Approved _____

Chief _____

Date Approved _____