



Are you currently employed? Yes \_\_\_ No \_\_\_

If "Yes", give employer information below. May we contact your employer as a reference? Yes \_\_\_ No \_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

Please indicate your availability to participate in normally required fire department activities such as meetings, drills and emergency calls:

Daytime: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Evening: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Overnight: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

Are you presently a member of any fire, rescue, police or emergency medical services agencies? Yes \_\_\_ No \_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_

Have you ever been a member of the United States Armed Forces? Yes \_\_\_ No \_\_\_

If the answer is "Yes", did you receive an honorable discharge? Yes \_\_\_ No \_\_\_

\*Dishonorable discharge is not an absolute bar to membership. This and other factors will affect a final membership decision. If yes, explain including details of service branch and service dates \_\_\_\_\_

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses? Yes \_\_\_ No \_\_\_

If yes, please give details \_\_\_\_\_

Please list three personal references other than family, who have known you for at least three years.

- 1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_
  
- 2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_
  
- 3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Please list the name of any acquaintances that are members of the Millwood Fire Company: \_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The departments' designed physicians will provide you with a free medical examination. You must complete a personal health history form and present it to the physician before the physical examination. Will you be willing to undergo a medical examination on a routine basis? Yes \_\_\_\_ No \_\_\_\_ (If "No", this bars you from becoming a member).

Additional Health Information:

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HERIN WILL REMAIN CONFIDENTIAL AND WILL BE ONLY USED FOR INTERNAL MEMBERSHIP PROCESSING.**  
IN WHITENESS THEREOF, this application has been subscribed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by the undersigned applicant who affirms that the statements made herein are true under the penalties of perjury.

By signing, you authorize the District/Fire Company to conduct all necessary background checks.

Signature \_\_\_\_\_ Witnessed By \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Proposed By \_\_\_\_\_

Date \_\_\_\_\_

Any further explanations, medical history, comments, etc.:

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Please return this application via scan or hard copy to the Millwood Fire District: [millwoodfire@gmail.com](mailto:millwoodfire@gmail.com)

**FOR OFFICE USE ONLY:**

Rec'd Millwood Fire District \_\_\_\_\_ Initials \_\_\_\_\_

Rec'd Millwood Fire Company \_\_\_\_\_ Initials \_\_\_\_\_

Approved by Fire Company \_\_\_\_\_ Initials \_\_\_\_\_

Approved by Fire District \_\_\_\_\_ Initials \_\_\_\_\_

**NOTES:**