

**EAGAR FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

Name: _____

Address: _____

Telephone Number: Home _____ Work _____

Date of Birth: _____ Social Security Number: _____

Place of Employment: _____

Personal Doctor's Name: _____ Phone : _____

Medical Insurance Company: _____

Level of Physical Health: (circle one) Excellent Good Fair Poor

Doctor's Name and Date of last physical: _____

List any medical impairment or handicap that would prevent you from performing physical activity during an emergency situation.

Do you possess a valid Arizona drivers license? _____ License Number _____ Exp. _____

Class _____.

Do you have a reliable means of transportation and would you be able to respond to a fire call in such a vehicle? _____.

Vehicle Insurance Company: _____ Policy # _____

List all places of employment for the previous 5 years
Name and mailing address:

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

Answer all of the following questions. If you answer yes to any of the following questions, elaborate on the back of the form.

Have you ever been terminated from a job for not performing your specific duties? _____

Have you ever been convicted of a felony in this or any other state? _____

Would there be a conflict with your personal or work schedule in being called to fight a fire at any time?

_____. What hours can you respond? _____

Do you live outside a 5 mile radius of the Town of Eagar? _____

List any previous training or experience you have in fire fighting to include city, county, state, federal or private company.

Level of Emergency Medical Training you have received.

First Responder E.M.T. I.E.M.T PARAMEDIC

Other (list) _____

NOTICE OF DISCLOSURE

I understand that I will be responsible for all items of gear and equipment assigned to me, for loss, theft or misuse of said gear/equipment. I further understand that all gear/equipment is to be used only for authorized Department functions and training purposes in the service of the Town of Eagar.

It is also understood that should I be dismissed or resign from the Eagar Fire Department for any reason, I will immediately return any and all assigned gear/equipment to my senior officer or Department Chief.

Signed: _____ Date: _____

Equipment Assigned to Member (initial)

- | | |
|---|--|
| <input type="checkbox"/> Helmet/Face Shield | <input type="checkbox"/> Nomex Hood |
| <input type="checkbox"/> Turn-out Coat | <input type="checkbox"/> Pager s/n _____ |
| <input type="checkbox"/> Turn-out Pants | <input type="checkbox"/> Charger |
| <input type="checkbox"/> Suspenders | <input type="checkbox"/> Station Key |
| <input type="checkbox"/> Boots | <input type="checkbox"/> Department License Plates |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Flashlight |

Any falsification, omission, misrepresentation, or deception will result in immediate removal from consideration.

I understand that all questions answered are true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____