

LAFAYETTE FIRE DEPARTMENT

Membership Application

486 Third Street, Lafayette, Oregon 97127 (503)864-2824

PERSONAL INFORMATION

Name (Last,First,M.I.) _____ Date of Birth _____

Address _____

Years at present address _____ If less than 2 years at present address, list previous address:

Home Phone _____ Work Phone _____

Driver's License Number _____ Date of Expiration _____

Have you ever received a moving traffic violation? _____ Yes _____ No

Describe: _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No

Describe: _____

Do you own a vehicle? _____ Yes _____ No Year/Make/Model _____

Automobile Insurance Carrier: _____

EDUCATION

Circle the highest grade completed: 9 10 11 12 College: 1 2 3 4

	HIGH SCHOOL	VOCATION / TRADE SCHOOL	COLLEGE/UNIVERSITY
NAME:			
CITY/STATE:			
YEAR GRADUATED:			
AREA/DEGREE/DIPLOMA			

MILITARY

Branch _____ Highest Rank _____ Dates _____

Assignment _____

RELATED EXPERIENCE

Have you ever served on a fire district/department? _____ Yes _____ No

If yes, list district/department: _____

List previous fire service training _____

Do you hold a current Oregon EMT license? _____ License # / Expiration Date: _____

Do you hold a current Oregon Paramedic license? _____ License # / Expiration Date: _____

List any other fire service/EMS/rescue related training _____

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc.

EMPLOYMENT

EMPLOYER / ADDRESS (current employer first)	DATES WORKED	POSITION / SUPERVISOR	REASON LEFT

What are your current hours? _____ Would you be able to respond from work? _____ Yes _____ No

ORGANIZATIONAL AFFILIATIONS / HOBBIES / INTERESTS

List any organizations you are affiliated with _____

List any hobbies or special areas of interest _____

Do you know anyone who is currently serving with the Lafayette Fire Department? _____ Yes _____ No

If so, who? _____

HEALTH

Height _____ Weight _____ Condition of Health _____

Have you ever been treated for medical problems involving _____ Back _____ Heart _____ Respiratory

Have you been treated by a physician for any condition in the past three years? _____ Yes _____ No

If yes, please describe _____

Have you been hospitalized in the past two years? _____ Yes _____ No

If yes, please describe _____

In your opinion, do you have a condition (physical or mental) that may adversely affect your performance as a firefighter in any way? _____ Yes _____ No

If yes, please describe _____

Have you had a complete physical within the past 2 years? _____ Yes _____ No

Family Physician (name/address/phone) _____

REFERENCES

List three local references you have known for at least two years. Do not list relatives or former employers.

NAME / ADDRESS	DAY PHONE / EVENING PHONE	HOW LONG HAVE YOU KNOWN?

ADDITIONAL INFORMATION

How did you learn of the Lafayette Fire Department? _____

Why do you wish to become a member of this organization and why do you feel you would be an asset to the organization? _____

CONSENT / SIGNATURE

I certify that all information contained within this application is true to the best of my knowledge. I understand that the Lafayette Fire Department will verify all information contained within this application and perform the following reference checks: drivers license record check and criminal history check.

Social Security Number: _____

Applicant's Signature

Date