



Fairview Fire Department Membership Application



Name: _____
Last First MI

Address: _____

SSN: _____ - -

Phone number: _____ Work number: _____

Height: _____ Weight: _____ Date of Birth: _____

Marital Status: _____ Number of Dependents: _____

Education: GED Diploma Degree

List skills and experiences in job fields and firefighting (use back if necessary):

References:

Name: _____ Address: _____

Phone number: _____

Name: _____ Address: _____

Phone number: _____

Name: _____ Address: _____

Phone number: _____

Name of Employer:

Type of Employment: _____

Physical Location of Employment: _____

Restrictions from response to fire calls by employer if any:

Employers Signature:_____

Date:_____

Applicant's Signature:_____

Date:_____

Chief's Signature:_____

Date:_____