

**APPLICATION FOR MEMBERSHIP
CITY OF MARION FIRE DEPARTMENT**

(Please Print legibly)

Name: Last, First MI. Suffix _____ Date of Birth _____-_____-_____
Social Security Number

Place of Birth Sex Race

Driver's License # Expiration Date Position Applying For

Have you ever been convicted, served probation or PTI for any type violation?

Present Address

Home Phone Cell Phone E-mail

Employer's Name Phone Length of Employment

List three character references, outside family and City of Marion Fire Deaprtment:

Reference Name Address Phone

Reference Name Address Phone

Reference Name Address Phone

Highest grade of education:

Are you a legal citizen of the United States?

How Long have you resided in the City of Marion Fire District?

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and the reason for leaving:

Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s)

List any special training you feel would be advantageous to the City of Marion Fire Department:

What traits and/or abilities do you possess that will benefit Marion Fire Department?

Do you belong to any other clubs or organizations? If so, please list and briefly describe them:

Are you under the care of a Physician?

Have you been hospitalized in the past five years?

List any present or past members of the City of Marion Fire Department you know:

The City of Marion conducts driving and background checks and/or investigations on top candidates requesting employment with the City of Marion. This includes the following areas: Full, part, seasonal and contractual employment. Each case will be considered individually. In order to complete the process the information below is requested.

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based of the information I have provided.

I understand that if I should be accepted as a member of the City of Marion Fire Department, I will uphold the constitution and the City of Marion personnel policy. I also agree to participate fully in all activities associated with the department and understand I have to be present at twenty percent of the calls and fifty percent of drills each quarter. I further agree that all statements and facts set fourth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the City of Marion Fire Department.

Applicant's Signature

Date