APPLICATION FOR MEMBERSHIP

The Department will consider applicants without regard to race, color, religion, gender, nationality, marital or veteran status, or sexual preference. Applicants must be at least 18 years of age. Due to the nature of EMS and fire service, some disabilities may not be able to be accommodated and may disqualify a person from membership.

APPLICATION DATE _____

NAME _____
              Last   *First*   *Middle*

ADDRESS _____
              Street   *City*   *Zip*

HOME TELEPHONE _____   MOBILE/OTHER TELEPHONE _____

Driving record and criminal history investigations are performed on all applicants therefore the following information must be provided.

SOC SEC# _____   DATE OF BIRTH _____

DRIVER'S LICENSE # _____   STATE _____

EMPLOYER _____   OCCUPATION _____

PREVIOUS FIRE OR EMS TRAINING/CERTIFICATION/EXPERIENCE   *(Attach Additional Sheet If Necessary)*

FIRE _____
_____

EMS _____
_____

PERSONAL/PROFESSIONAL REFERENCES *(Minimum of Two)*

NAME _____   RELATIONSHIP _____

ADDRESS _____   PHONE _____
              Street

_____
       City   *State*   *Zip*

NAME _____   RELATIONSHIP _____

ADDRESS _____   PHONE _____
              Street

_____
       City   *State*   *Zip*

I certify that the information provided is correct to the best of my knowledge. Furthermore, I hereby give the Suttons Bay-Bingham Fire & Rescue Authority permission to contact the references listed and understand that information received from these persons may be used in arriving at a decision regarding my membership.

APPLICANT SIGNATURE _____