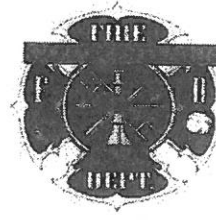


Cottdale Volunteer Fire Department

Application for Membership



Date: _____

Name: _____
 First Middle Last

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____

Zip Code: _____

Telephone #: _____ Mobile __ Home __ Work __

DL#: _____

Employer: _____

Employer Address: _____

Employer City: _____

Employer Zip Code: _____

Employer Phone #: _____

References

(Character) Name: _____ Phone: _____

(Character) Name: _____ Phone: _____

(Character) Name: _____ Phone: _____

(Business) Name: _____ Phone: _____

(Business) Name: _____ Phone: _____

(Business) Name: _____ Phone: _____

Have you ever been convicted of a crime? Yes ☐ No ☐

Have you ever pled "guilty" or "not guilty" to a crime? Yes ☐ No ☐

Or the adjudication of guilt withheld to a crime? Yes ☐ No ☐

If so, when and where? _____

Time Available: _____

Dependable Transportation? Yes ☐ No ☐

Are you willing to submit to a random drug testing? Yes ☐ No ☐

Previous Firefighting Experience:

List special training, skills, licenses or certificates you have related to firefighting:

I, being of sound mind, body and legal age, do hereby make application for membership in the City of Cottondale Volunteer Fire Department.

I understand that a background check will be performed by Cottondale Police Department.

Signature: _____

Date: _____

FOR ADMIN USE ONLY

Approved ☐

Disapproved ☐

Date: _____