



ORANGE VOLUNTEER FIRE COMPANY MEMBERSHIP APPLICATION

ACTIVE MEMBER *ASSOCIATE MEMBER*

(CIRCLE ONE)

1. **NAME:** _____ **SSN:** _____
(Last) Maiden) (First) (Middle)

2. **ADDRESS:** _____
(No.) (Street) (Town) (County) (State) (zip)

3. **PHONE:** (Home) _____ (Other): _____

4. **BIRTH DATE:** _____ **AGE:** _____ **WHERE BORN:** _____ **U.S. CITIZEN:** _____

5. **HEIGHT:** _____ FT. _____ IN. **WEIGHT:** _____ LBS.

6. **DO YOU HAVE ANY DISABILITIES?** (If yes, list) _____

7. **HEALTH:** (Circle) EXCELLENT GOOD FAIR POOR

8. **MARITAL STATUS:** (Circle) SINGLE MARRIED SEPARATED DIVORCED

9. **SPOUSE'S NAME, IF MARRIED:** _____

10. **MILITARY SERVICE:** BRANCH: _____

RANK: _____ DATES OF SERVICE: _____

TYPE OF DISCHARGE: _____ SPECIALTY FIELD: _____

DUTIES: _____

MEMBER OF NATIONAL GUARD OR RESERVE: YES NO

RANK: _____ DUTIES: _____

MEETING REQUIREMENTS: _____

11. **EDUCATION:** (Circle Highest Grade Completed) 1 2 3 4 5 6 7 8 9 10 11 12

NAME AND ADDRESS OF HIGH SCHOOL: _____

DATE GRADUATED: _____

TECHNICAL SCHOOL ATTENDED AND, DATES: _____

SUBJECTS STUDIED: _____

COLLEGE OR UNIVERSITIES ATTENDED:

(List Name, City, State, Dates Attended, Major/Minor, and Degree)

12. **PRESENT EMPLOYER:** _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

13. **REFERENCES:**

(List three people who are not related to you by blood or marriage who are familiar with your education or work experience.)

NAME

COMPLETE ADDRESS

TELEPHONE

14. **HAVE YOU EVER BEEN A MEMBER. OF A FIRE DEPARTMENT, RESCUE SQUAD,
OR SIMILAR ORGANIZATION?** YES NO

NAME AND ADDRESS OF ORGANIZATION: _____

DATE OF SERVICE: _____

POSITION HELD: _____

REASON FOR LEAVING: _____

LIST ALL RELATED TRAINING YOU COMPLETED: _____

15. **IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE
DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP, AND WHAT YOU EXPECT TO GAIN FROM
MEMBERSHIP:**

16. **MAY THE FIRE DEPARTMENT CONTACT YOUR PRESENT. EMPLOYER OR ANY OF THE
ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING
YOUR CHARACTER OR ABILITIES?** YES NO

(if no, explain) _____

17. **HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION?** YES NO

(if yes, explain) _____

18. **HAVE YOU EVER BEEN FORCED TO RESIGN FROM ANY POSITION?** YES NO

(if yes, explain) _____

19. HAVE YOU EVER BEEN ARRESTED, SUMMONED INTO COURT AS A DEFENDANT OR INDICTED, CONVICTED, FINED, IMPRISONED, OR PLACED ON PROBATION, OR HAS ANY CASE BEEN FILED AGAINST YOU? YES NO

(if yes, explain) _____

20. HAVE YOU EVER BEEN ORDERED TO DEPOSIT COLLATERAL FOR ALLEGED BREACH OR VIOLATION OF ANY ORDER, ORDINANCE, OR POLICE REGULATION WHATSOEVER?

YES NO

(if yes, explain) _____

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a physical agility test, a written aptitude test, and a complete physical examination by the fire department doctor.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW. THIS LINE

Date Application Received: _____ No. _____

Date Interviewed: _____

Interviewed By: _____

COMMENTS: _____

