



SUFFERN HOOK AND LADDER CO.1

Application for Membership

DATE OF APPLICATION: _____

NAME: _____ US Citizen: Yes No

ADDRESS: _____

HOME PHONE: _____ HOW LONG AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____

DRIVERS LICENSE STATE & C.I.D. NUMBER: _____ Any Driving Convictions? _____

MARRIED___ SINGLE___ NEXT OF KIN: _____ PHONE: _____

AGE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DO YOU HAVE ANY PHYSICAL LIMITING DISABILITIES? _____

IF YES, PLEASE DESCRIBE: _____

Employer's Name: _____ Phone: _____

Address: _____

Occupation: _____ How Long with this Employer? _____

Previous Fire Department Experience: _____ Dates: _____

Name and Address of Department: _____

Reason for Leaving: _____

LIST BELOW TWO (2) REFERENCES WHOM HAVE KNOWN YOU FOR AT LEAST 2 YEARS

NAME	ADDRESS	PHONE NUMBER
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WHY DO YOU WANT TO BECOME A MEMBER OF THIS ORGANIZATION? _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, STATE OFFENSE AND DISPOSTION: _____

WILL YOU GIVE PERMISSION FOR A BACKGROUND CHECK? _____

THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT. WILLFUL MIS-REPRESENTATION OF FACTS CALLED FOR IN THIS APPLICATION WILL BE CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT: _____

PROPOSED BY: _____ RECOMMENDED BY: _____

REPORT OF EXECUTIVE BOARD COMMITTEE: _____

DATE APPROVED BY COMPANY: _____

SIGNATURE OF COMPANY PRESIDENT: _____