

Fairfax Volunteer Fire Department, Inc.

4081 University Drive
Fairfax, Virginia 22030

APPLICATION FOR MEMBERSHIP

Last Name:		First Name:		Middle Name:	
Address:		City:	State:	Zip:	
SSN:		DOB:	Home Phone:		

<p style="text-align: center;">EDUCATION</p> <p>GRADES 1-12: Highest Completed: _____</p> <p>College Completed _____ yrs. Trade School: _____</p> <p>Major subjects in college or trade school: _____</p> <p>_____</p> <hr style="border: 1px solid black;"/> <p style="text-align: center;">GENERAL INFORMATION</p> <p>Color eyes: _____ Color Hair _____ Sex: _____</p> <p>Height: _____ ft. _____ in. Weight: _____ lbs.</p> <p>Place of Birth: _____</p> <p>Marital Status: _____</p> <p>Spouse's Name: _____</p> <hr style="border: 1px solid black;"/> <p style="text-align: center;">FIRE DEPARTMENT INFORMATION</p> <p>Have you ever been a member of another Fire Department or Rescue Squad? _____</p> <p>If yes, where? _____</p> <p>Have you ever been removed from or refused membership in another department? _____</p> <p>What special fire and/or emergency medical training do you have that might make you a valuable member of this department? _____</p> <p>_____</p>	<p style="text-align: center;">EMPLOYMENT</p> <p>Present employer: _____</p> <p>Address: _____</p> <p>_____</p> <p>Type of Work: _____</p> <p>Date Hired: _____</p> <p>Previous employer (if less than 3 yrs with present employer): _____</p> <p>Type of Work: _____</p> <p>Dates worked: from: _____ to _____</p> <p>Why left: _____</p> <hr style="border: 1px solid black;"/> <p style="text-align: center;">MEDICAL AND EMERGENCIES</p> <p>Do you have any physical defect, disability, or disease that might hamper full fire department participation? _____</p> <p>Have you ever had epilepsy or any other mental or nerve ailment, or been a patient in an institution for treatment of such an ailment or disorder?</p> <p>_____</p> <p>Family Doctor: _____</p> <p>Notify in case of an emergency:</p> <p>Name: _____ Relation: _____</p> <p>Phone Number: _____</p>
---	---

BACKGROUND INVESTIGATION

Do you have any objection to this department checking with present or former employers as to your character and qualifications?

YES NO

Have you ever served in the Armed Forces?

YES NO

If not now in military, was your separation under other than honorable circumstances?

YES NO

Prior to submission of this application, have you known any member of this department?

YES NO

If yes, who:

Vehicle Driver's License Number:

_____ State _____

Have you ever been arrested for any law violation, other than minor traffic violations? _____

If yes, explain fully using additional sheets of paper if needed.



I declare that all statements made by me on this application are true and correct to the best of my knowledge. If elected for membership in the Fairfax Volunteer Fire Department, I promise to abide by the by-laws and published regulations of the department to the best of my ability.

Date: _____ Signature: _____