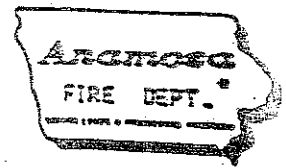


# Anamosa Fire Department

## Application for Membership



(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Other

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_

DOB \_\_\_\_\_

Spouse Name \_\_\_\_\_

Does she/he support your applying for the volunteer fire dept?  Yes  No

Does she/he understand you will need to attend extensive training?  Yes  No

Have you ever filed an application here before?  Yes  No

Have you ever been a firefighter before?  Yes  No

If yes, what department? \_\_\_\_\_ Served under Chief? \_\_\_\_\_

Reason for leaving that department? \_\_\_\_\_

Are you a certified Fire Fighter?  Yes  No

If yes, what level \_\_\_\_\_

Do you have a valid Iowa Drivers License?  Yes  No

Iowa Drivers License # \_\_\_\_\_

Have You been convicted of a moving traffic violation in the last 3 years?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Hired \_\_\_\_\_ Work Hours \_\_\_\_\_

Is your present employer agreeable to release you for emergency calls?  Yes  No

Please list your past employers going back 7 years

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

Please list your past residence, if other than Anamosa, going back 7 years.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

Give name, address and phone number of three references not related to you.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Summarize special skills and qualifications that you may have that would be an asset to our dept.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements within this application for membership as may be necessary in arriving at a decision for membership status. In the event of membership status, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this service.

Signature of Applicant

Date