



# French Lick Fire Department



## Application for Membership

Please **PRINT** all information in block capital letters.

<b>Personal Information</b>		
Last Name:	First Name:	Middle Name:
Current Address (No P.O. Boxes):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Height:                      Weight:
Home Phone: (     )	Cell Phone: (     )	Work Phone: (     )
Driver License Number:    --    --	Driver License State:	Social Security Number:    --    --
Date of Birth:	Place of Birth:	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Marrital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents:
Spouce's Name:	Spouces Contact Number: (     )	Spouces D.O.B.
Children's Names and Dates of Birth:		
<b>Military Service and Employmnet History</b>		
Military Service: From:                      To:                      Branch:                      Type of Discharge:		
Present Employer:	Supervisor's Name:	Supervisor's Number: (     )
Work Address:		Posistion Held:
City:	State:	Zip:                      Length of Time With Employer:
<b>If less than five (5) years with present employer, list previous employer(s). List most recent first.</b>		
Employer Name	Address:	Reason for Leaving:
		Phone: (     )
Employer Name	Address:	Reason for Leaving:
		Phone: (     )
Employer Name	Address:	Reason for Leaving:
		Phone: (     )
Employer Name	Address:	Reason for Leaving:
		Phone: (     )
Work Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Varies		
Work Shifts: From:                      To:		
<b>Do Not Write In The Space Below</b>		
Date Appicstion Received:	Date Contacted for Interview:	Date of Interview:
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C	Interviewers:	
Comments:		
Approved for one (1) year Probationary period <input type="checkbox"/> Yes <input type="checkbox"/> No		Date approved for Probationary period:



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## Application for Membership

### Background Information

Have you ever been arrested for a felony?  Yes  No

If yes, for what were you arrested, when, and where?

Have you ever been convicted of a felony?  Yes  No

If yes, what were you convicted of, when, and where?

Have you ever been arrested for a misdemeanor?  Yes  No

If yes, what were you arrested for, when, and where?

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, what were you convicted of, when, and where?

**Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?  Yes  No**

If yes, explain...

### Medical History

List any surgeries,, disabling injuries, or bodily organ loss:

List and describe any scars, physical marks, or tattoos you have:

Have you ever been treated for, do you presently have, or have you had any of the following conditions?

**Note:** This section must be completely filled out. Explain all conditions for which you answered yes on the back of the application.

Black Out Spells	Yes / No	Asthma	Yes / No	Hernia	Yes / No
Unconsciousness	Yes / No	Tuberculosis	Yes / No	Color Blindness	Yes / No
Dizziness	Yes / No	High/Low Blood Pressure	Yes / No	Eye Trouble	Yes / No
Fainting	Yes / No	Drug/Narcotic Use	Yes / No	Artificial Eye	Yes / No
Head Injuries	Yes / No	Alcohol/Drinking Problem	Yes / No	Artificial Limb	Yes / No
Epilepsy	Yes / No	Back Injury/Pain	Yes / No	Frequent Muscle Spasms	Yes / No
Seizures (Any Type)	Yes / No	Diabetes	Yes / No	Arm/Foot/Leg Cramps	Yes / No
Severe Headaches	Yes / No	Fear of Heights	Yes / No	Trick Shoulder/Limb	Yes / No
Heart Disease	Yes / No	Claustrophobia	Yes / No	Ear Drum Rupture	Yes / No
Shortness of Breath	Yes / No	Abdominal Rupture	Yes / No	Hearing Loss	Yes / No



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### Education

Institution Names	State	From	Until	Did you Graduate
High School:				Yes / No
College:				Yes / No
College:				Yes / No
College:				Yes / No

If you did not graduate from High School, did you attain a GED?  Yes  No

### Firefighting Experience and Training

Have you previously been a member of one (1) or more Fire Departments or Fire Brigades?  Yes  No

Fire Department	Address	From	Until

Have you attended any fire fighting schools previously?  Yes  No

If yes, please list the school, when, where, and what classes were taken. Please attach any certificates received to this application.

Have you applied for membership previously with French Lick Fire Department?  Yes  No

Are you currently a member of another Fire Department or Brigade?  Yes  No

### References

List any members of the French Lick Fire Department whom you are acquainted:

List three (3) references, other than relatives and any named above:

Name	Address (Street, City, State, Zip)	Phone
		(    )
		(    )
		(    )

### Emergency Contact Information

Name	Relationship	Phone
		(    )
		(    )
		(    )

### Specialized Training

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **French Lick Fire Department**



## **Application for Membership**

### **Statement of Veracity**

**Review your answers carefully and read the statement below before signing:**

I represent and warrant that the answers I have given are completely true to the best of my knowledge and belief.

I further acknowledge that I have read and understand the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.

I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the French Lick Fire Department.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Should you have any questions concerning this application, please call the French Lick Fire Department at (812) 936-7174

Send or Deliver this application to the French Lick Fire Department at the address below.

French Lick Fire Department  
8589 W. Main Street  
French Lick, Indiana 47432