

Charlton Township

Membership Application For

Fire-Fighter: _____

EMS Rescue: _____

Personal:

Name _____ Date _____

Address _____ S.S.# _____

Home phone _____ Work phone _____

Date of Birth _____ Drivers Lic. # _____

Distance from station _____

Education:

License(s) held _____

Expiration date(s) _____

Certificate(s) held _____

Expiration date(s) _____

Special skills _____

Health record:

Please give dates of : Last physical _____

T.B. test _____

Hepatitis B _____

Tetanus _____

In Case of Emergency notify:

Name _____ Relationship _____

Address _____ Phone _____

References:

3 persons not related to you, whom you have known at least 1 year:

Name _____ address _____ phone _____

Name _____ address _____ phone _____

Name _____ address _____ phone _____

Please read and sign the statements below:

I authorize investigation of all statements contained herein and the references listed above to give you any and all pertinent information you deem necessary, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date

I understand and agree that, if accepted, I will be responsible for any and all equipment loaned to me, and if I leave the department within one year after date of employment any medical or clothing expense will be deducted from my last pay.

Signature

Date

Because of the nature of Fire and/or EMS work, I understand that I will at times be required to do heavy lifting. I have NO lifting restrictions or any other restrictions that will prevent me from performing my duties as a fire-fighter and/or EMS rescue.

Signature

Date

Do Not Write Below This Line

Interviewed by: _____

Remarks: _____

Hired: _____ yes _____ no Department: _____

Approved: 1 _____ 2 _____ 3 _____
EMS FIRE TWP. BOARD

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Approved: 1 _____ 2 _____ 3 _____
EMS FIRE TWP. BOARD