

Date Received _____ / _____ / _____	Drug Screen _____ / _____ / _____	First Interview _____ / _____ / _____
Received By _____	Physical Comp _____ / _____ / _____	Approved _____ / _____ / _____

CLYDE TOWNSHIP FIRE DEPARTMENT

Application for Membership

Please **PRINT** all information. Answer all Questions to the best of you knowledge. **ALL** answers will be verified.

PERSONAL INFORMATION

Name: _____ Date of Birth ____ / ____ / ____ SSN: ____ - ____ - ____
(Last) (First) (MI.)

Drivers License Number: _____ (CDL)(A)(B)(C)

Permanent Address: _____
(Number & Street) (City) (State) (Zip Code)

Previous Address: _____
(If Less Than 3 Years) (Number & Street) (City) (State) (Zip Code)

Telephone #: Home: _____ Work: _____ Cell: _____
(Area Code) (Number) (Area Code) (Number) (Extension)

Marital Status (Married) (Single) Spouse's Name: _____

Number of Dependents: _____ Number Of Children: _____

How Long Have You Lived In the Clyde Township Area? _____

EMPLOYMENT

Present Employer: _____ Supervisor: _____

Employer's Address: _____

Employer's Telephone #: _____ Position: _____
(Area Code) (Number)

Normal Working Hours: _____
Days of Week Hours of Day (Start Finish)

Previous Employer: _____ Phone: _____
(If Less Than 3 Years)

EDUCATION

High School: _____ Location: _____
(Name) (City) (State)

College: _____ Location: _____
(Name) (City) (State)

List Any Previous Fire Training or Attach Copy of Certificates: _____

Check All Areas of Interest: (Medical) (Fire/Rescue) (HazMat) (Communications) (Records/Public Information)

CRIMINAL HISTORY - Driving Record and Background Check

Applicants are required to submit a Driving Record and Criminal Background Check

Have you ever been convicted of DWI or DUI? (Yes) (No) If Yes, Date(s) _____

Have you ever been convicted of a Misdemeanor? (Yes) (No) If Yes, Date(s) _____

Have you ever been convicted of a Felony? (Yes) (No) If Yes, Date(s) _____

Is there anything else you think we should know? _____

Additional comments: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone #'s: (1) _____ (2) _____

I hereby affirm that the above information is true and accurate to the best of my knowledge. I understand that the Clyde Township Fire Department will verify all information to the extent of the law. Any false information may lead to my removal from this department.
 Signature _____ Date: _____

Clyde Township Fire Department

New Hire Criminal Check Release

A search of your background will be conducted before you are hired for a position with the Clyde Township Fire Department. The information you provide below will be used to complete that check. All information will be kept confidential. Please complete all information requested.

Name: _____ Maiden : _____
Last First Middle Initial

Address _____
Street City Zip

Phone # (____) _____ - _____ Other (____) _____ - _____
Cell or pager

Date of Birth ____/____/____
Month Day Year

Driver License # _____ State Issued _____

Sex: ___ Male ___ Female Marital Status: ___ S ___ M ___ D ___ W

National Origin:

___ Black ___ White ___ Native American ___ Hispanic
___ Pan Islander ___ Other _____

List all other names know by:

Last First Middle Initial

I hereby authorize the Clyde Township Fire Department use of the information provided to perform a search of my history regarding criminal actions.

Perspective Employee Signature

Date