

# MUD TAVERN VOLUNTEER FIRE AND RESCUE, INC.

## MEMBERSHIP APPLICATION

**PLEASE TYPE OR PRINT CLEARLY.** Completion of this application in no way obligates you or Mud Tavern Volunteer Fire and Rescue. All information is being provided in strict confidence. Please return either in person or by email at [mudtavernfire@gmail.com](mailto:mudtavernfire@gmail.com)

### DEMOGRAPHICS

APPLICANT (FULL NAME)		
DATE OF BIRTH	SSN	ALABAMA DRIVER'S LICENSE NO.
CURRENT ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	HOME PHONE	CELL PHONE

### POSITION(S) APPLYING FOR

☐ ADMINISTRATIVE    ☐ FIREFIGHTING    ☐ EMS/SUPPORT    ☐ CADET    ☐ HONORARY

### EMPLOYMENT

Please list at least your last two employers.

EMPLOYER	YEARS EMPLOYED	EMPLOYER ADDRESS

### EDUCATION

Highest education level achieved (check one)    ☐ high school graduate    ☐ some college    ☐ college graduate    ☐ graduate/professional school

Please list schools attended.

COLLEGE/UNIVERSITY	YEARS ATTENDED	MAJOR AND DEGREE EARNED

### REFERENCES

Please list three professional references.

FULL NAME		YEARS KNOWN	
ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL ADDRESS	HOME PHONE	WORK/CELL PHONE	

REFERENCES CONTINUED

FULL NAME	YEARS KNOWN	
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	HOME PHONE	WORK/CELL PHONE

FULL NAME	YEARS KNOWN	
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	HOME PHONE	WORK/CELL PHONE

PERTINENT INFORMATION

Have you or your spouse ever been convicted of a crime?

☐ yes ☐ no

Are you or your spouse currently under any type of criminal investigation?

☐ yes ☐ no

Are you currently in school or in college?

☐ yes ☐ no

Have you ever been affiliated with an organization of this type?

☐ yes ☐ no

If yes, please provide the organization name, phone, and address:

Have you received any training in fire and/or EMS?

☐ yes ☐ no

If yes, please include and certifications and a brief description of where and when:

Do you have any health hazards, conditions, or limitations that we need to be aware of?

☐ yes ☐ no

f yes, please provide a brief description:

Date of last physical:

Family Physician:

Current Medications:

Any allergies?

EMERGENCY CONTACT INFORMATION

Please list three professional references.

FULL NAME	
RELATIONSHIP	
CELL PHONE	WORK PHONE

By signing this application, I authorize Mud Tavern Volunteer Fire and Rescue to verify that all information is true to the best of my knowledge and agree to allow a background check. My acceptance may be with some stipulations. If accepted, I shall make every attempt to meet and exceed training requirements and meet the standards of the department.

Date \_\_\_\_\_ Signature \_\_\_\_\_