

APPLICATION

Please print: Today's date _____

Name _____

Address _____

Mailing address (if different) _____

Home phone _____ Cell phone (optional) _____

Birthdate (insurance purposes only) _____ Social Security # _____

Drivers license # _____ State _____ Class _____ Expires _____

EMPLOYMENT

Current employer _____ Years there _____

Does your employer know you applied for membership to the Juniata Fire District YES NO

Normal work hours _____ Could you leave work for calls YES NO

EXPERIENCE (list any experience, training, certificates, licenses etc. that are related to this field)

Hours I could respond (circle) ALL 07:00 to 17:00 17:00 to 23:00 23:00 to 07:00

Can you attend 8 meetings per year YES NO

Can you attend 12 hours of in-house training per year YES NO

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize background investigation of information provided on this application, and driving and police records if needed for decision. I understand this application is not intended to be a contract. In the event of acceptance, I understand that false or misleading information given in my application, or results of background check, may result in being taken off the Department roster. I understand, also, that I am required to abide by the rules and regulations of the Juniata Rural Fire Protection District.

Signature _____ Date _____

By State law, this application must be turned into the District Chief for submission to the Rural Board of Directors

Upon completion of this application you will be invited to the next meeting, Given turnout gear, and may attend all functions of the Department. At the completion of your six months probationary period you will be interviewed to determine your progress and then promoted to Member status.