

LAKE GASTON FIRE & EMS

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Type of Membership desired: Fire Only EMS Only Fire & EMS Limited Duty Associate Junior

Name:

Date of Birth: _____ SSN: _____ Home Phone: _____

Current Address:

City: _____ State: _____ ZIP Code: _____

PERSONAL INFORMATION

Marital Status: Married Single Divorced No. of Children: _____ Spouses Name: _____

Employer: _____ Employer Phone: _____

Please list any and all driving infractions:

Medical History

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

TRAINING HISTORY

| Certification | State | Expiration (Month/Year) |
|---------------|-------|-------------------------|
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FIRE & EMS MEMBERSHIP HISTORY

| Fire or EMS Agency | Time as a member (Month/Year) | Reason for Leaving |
|--------------------|-------------------------------|--------------------|
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PERSONAL REFERENCES

| Fire or EMS Agency | Time as a member (Month/Year) | Reason for Leaving |
|--------------------|-------------------------------|--------------------|
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SPONSORING MEMBER

Name: _____ ID Number: _____

Signature: _____ Date: _____

SIGNATURES

By signing below I hereby swear that the information provided above is true to the best of my knowledge. Any misleading or untruthful information provided may exclude me from membership consideration.

Signature of applicant: _____ Date: _____

Date Read:

Date Accepted:

End Date of Probation: