

Lake Gaston Fire and EMS

Membership Application

Applicant Information		
Type of Membership: Fire Only EMS Only Fire & EMS Limited Duty Junior Associate		
Name:		
Date of Birth:	SSN:	Phone#
Current Address:		
City:	State:	Zip Code:
Personal Information		
Email:	Marital Status : Married Single	
Employer:	Employer Phone:	
Please list any Criminal Convictions (including Driving infractions)		
Medical History:		
Emergency Contact		
Name:	Relationship:	
Address:	Phone#	
City:	State:	Zip Code:
Training History		
Certification	State	Expiration (month/year)
Fire & EMS Membership History		
Fire or EMS Agency	Time as a Member	Reason for Leaving
Personal References		
Name	Relationship	Contact#
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. My signature gives permission for LGVFD to conduct any necessary background investigation.		
Signature of Applicant:		Date:
Date Read:	Date Accepted	End Date of Probation: