

**APPLICATION FOR MEMBERSHIP  
MARYVILLE VILLAGE FIRE DEPARTMENT**

NAME \_\_\_\_\_ SS # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

HAVE YOU RESIDED IN THE VILLAGE OF MARYVILLE OR THE MARYVILLE FIRE PROTECTION DISTRICT FOR AT LEAST ONE ( 1 ) YEAR PRIOR TO APPLICATION ? \_\_\_\_\_

PRESENT HEALTH CONDITION \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

HAVE YOU HAD A MAJOR ILLNESS WITHIN THE LAST FIVE ( 5 ) YEARS \_\_\_\_\_

IF YES, DESCRIBE \_\_\_\_\_

ARE YOU WILLING TO SUBMIT TO A PRE-MEMBERSHIP PHYSICAL ? \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_ WORK HOURS \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST THREE ( 3 ) YEARS ? \_\_\_\_\_

IF YES, DESCRIBE \_\_\_\_\_

LIST ANY PREVIOUS FIRE FIGHTING, RESCUE OR MEDICAL EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

LIST ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS THAT YOU FEEL WILL BE BENEFICIAL FOR YOUR MEMBERSHIP TO THIS DEPARTMENT.

\_\_\_\_\_

\_\_\_\_\_

SHOULD YOU BE ACCEPTED, WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY ?

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTINUED

WHAT INTERESTS YOU ABOUT THE FIRE DEPARTMENT AND WHAT MADE YOU APPLY FOR MEMBERSHIP ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I, THE UNDERSIGNED HAVING HEREBY MADE APPLICATION FOR MEMBERSHIP TO THE MARYVILLE VILLAGE FIRE DEPARTMENT, DECLARE IF ACCEPTED, I WILL OBEY AND BE GOVERNED BY THE RULES AND REGULATIONS OF THE DEPARTMENT, AND ALSO UNDERSTAND THAT ANY FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**OFFICE USE ONLY**  
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DATE INTERVIEWED \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

ACCEPTED \_\_\_\_\_  
REJECTED \_\_\_\_\_  
TABLED \_\_\_\_\_

COMMENTS : \_\_\_\_\_  
\_\_\_\_\_

ACCEPTED BY THE VILLAGE BOARD ON \_\_\_\_\_

FIRE CHIEF SIGNATURE \_\_\_\_\_