



## **BAY FIRE DEPARTMENT**

224 ELDER STREET

P.O. BOX 99

BAY, AR 72411

(870) 781-3386

To Whom It May Concern:

Attached is my application for membership with the Bay Fire Department. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in anyway, should I be accepted as a member of the Bay Fire Department.

I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; reside within the required living radius of the City of Bay; hold a valid Arkansas Driver's License; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership with the Bay Fire Department. I also consent to the interview of and references provided herein, and to any background investigation need by and Police Organization. I understand that I may be subject to and agility test, a physical examination, and a drug screen.

I fully understand that this application for subsequent membership does no create express or implied contract of employment nor guarantee membership for any definite period of time.

I further understand that should any information found herein be investigated and found false, that I will be subject to immediate dismissal from the Bay Fire Department without recourse.

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Applicant Signature

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Application Date

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Applicant Name (Printed)

Name:			
	First	M.I.	Last

Physical Address :			
	City	State	Zip Code

Home Phone	Work Phone	Mobile Phone

Are you at least 18 years old?		
	Yes	No

Driver's License Number:		
	State	Class

Social Security Number	
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Emergency Contact		
Name:		
Address:		
Phone Number:		
Doctor's Name:	Cell	Work

<b>Education</b>	
High School Attended:	
Address:	
Grade Completed:	
College or University Attended:	
Years of College Attended:	
Other Relevant Training:	
Special Skills/Interests/Hobbys:	
Foreign Languages Spoken:	

<b>Employment</b>		
Current Employer:		
Address:		
Phone Number:	Employment Dates:	to
Previous Employer:		
Address:		
Phone Number:	Employment Dates:	to
Previous Employer:		
Address:		
Phone Number:	Employment Dates:	to

Fire/Rescue & EMS Experience			
Have you ever applied to this department before?	Yes	No	
If yes, Date Applied:			
Have you served on another Fire/Rescue Department?	Yes	No	
Name of Department		Phone Number	
Address:		Dates of Service:	to
List any Fire/Rescue or related courses you have taken and where/how obtained?			
1)			
2)			
3)			
Fire/Rescue Reference:			
Department Name:			
Address:		Phone Number:	

References			
<i>Read Carefully: List as character references three persons you have known for at least three years and who are not related to you. May not be past employers</i>			
Name:		Address:	
Phone Number:		Occupation:	
Name:		Address:	
Phone Number:		Occupation:	
Name:		Address:	
Phone Number:		Occupation:	