



ALBION FIRE DEPARTMENT



Making a Difference...

Membership Application

Attach additional pages if necessary.

Applicant Information		
Last Name	First	Middle Initial
Street Address:		Apt. #
City:	State:	Zip:
Phone:	Cell:	E-mail:
Date of Birth:	Driver's License No.:	
Gender: Male Female		
Race: (Optional)		
Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No		
List in chronological order, previous addresses for the last ten years (other than current):		
Have you previously been a member of the Albion Fire Department? No Yes (explain below)		
Do you have any prior criminal convictions? No Yes (explain below)		
Have you been involved in any traffic accidents/tickets/violations? Yes (explain below) No		
Education		
High School:	Address:	
From (mm/yy)	To (mm/yy)	Graduate? No Yes Date:
College:	Address:	
From (mm/yy)	To (mm/yy)	Graduate? Degree: No Yes Date:
Other:	Address:	
From (mm/yy)	To (mm/yy)	Graduate? Degree: No Yes Date:

References

Please list three non-family references.

Name/Relationship	Address	Contact info (phone, email)

Employment history – Beginning with current employer

Employer		Phone:
Address:		Supervisor:
Job Title:	Start Salary:	End Salary:
Responsibilities:		
From: (mm/yy)	To: (mm/yy or present)	Reason for leaving:
May we contact your current supervisor for a reference? Yes No		

Employer		Phone:
Address:		Supervisor:
Job Title:	Start Salary:	End Salary:
Responsibilities:		
From: (mm/yy)	To: (mm/yy)	Reason for leaving:
May we contact your previous supervisor for a reference? Yes No		

Employer		Phone:
Address:		Supervisor:
Job Title:	Start Salary:	End Salary:
Responsibilities:		
From: (mm/yy)	To: (mm/yy)	Reason for leaving:
May we contact your previous supervisor for a reference? Yes No		

Were you ever a member of any fire department or similar public service group? No Yes (provide details)

Are there any physical or health problems that would limit you in portion of the duties that are required by the fire department? Ie: lifting, heights, ladders, confined spaces NO Yes (provide details)

Are you willing to take a full medical physical if requested by the Albion Fire Department? Yes No

Skills and Qualifications (certifications, licenses, skills, training, etc.)

Authorization and Understanding

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my membership application is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history, or medical history with the appropriate individuals, companies, institutions, or agencies. And I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the Town of Albion and the Albion Fire Department Fire Board, as they are changed from time-to-time with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the Albion Fire Department Fire Board. I further agree that if I should bring any action or claim arising out of my employment against the Town of Albion or the Albion Fire Department in which the town or fire department prevails, I will pay to the Town of Albion or Albion Fire Department any and all costs incurred by the Town of Albion in defense of said claims or actions, including attorney's fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if required) are known.

Applicant Signature

Date

Please provide a copy of your Driver's License and a copy of documentation of any previous firefighting affiliation.