

Are you presently in good health: _____ Blood Type: _____

List any physical limitations you may have: _____

List all Fire Fighting experience if any, medical training: _____

Present Employer: _____

Name of immediate supervisor: _____

Position with employer: _____

Please list three personal references, (not a relative) address, and telephone numbers:

1. _____

2. _____

3. _____

Are you willing to replace any equipment lost, stolen, or damaged while in your care?

Yes _____ No _____ If no, explain: _____

I, _____ (print your name) Desire to become a member of the Franklin Fire Department. In the spaces provided below, please write your reasons for wishing to become a member of the fire department. In your own words:

I, _____ swear that all information given by me on this application is complete and true to the best of my knowledge. I understand that any false or misleading information will cause immediate dismissal of my application for consecration as a member of the Franklin Fire Department.

If accepted, for the first two weeks new members shall respond to fire control for calls.(code 1) After that you may respond to the scene, to the staging area. For the first six (6) months new members must respond to 25% of the calls for that month. Also put there eight (8) hours in per month, and attend all business meetings, drills, and all training classes put on by the Franklin Fire Department or show cause why not. At the end of one year, if a new member has completed all training, they will get a new set of turn out gear as per approval the chief as a bonus.

I, _____, further give the Board of Directors of The Franklin Volunteer Fire Department permission to check with my references listed on my application, obtain a criminal history, and check my drivers license for moving violations for the past five (5) years. I also agree to take a drug screen test, at the Franklin Police Department as part of my application, at my own expense. I do understand that the \$20.00 charge will be refunded to me after the first year. This application is for the Departments benefit of securing knowledge in evaluating myself for membership in the Franklin Fire Department.

Signature of full name: _____

PERSONAL INTERVIEW

Chairperson: _____

Volunteer President: _____

Line Officer: _____

Volunteer Member: _____

Accept: _____ Reject: _____ Chairperson: _____

Position approved for: _____

Final Approval

Fire Chief: _____

The Franklin Fire Department is an equal opportunity Fire Department. We do not discriminate against, race, handicapped, religion, etc.