

Name: \_\_\_\_\_ Date Application Completed: \_\_\_\_\_

Date Received: \_\_\_\_\_ Assignment: \_\_\_\_\_



## **SHELBINA FIRE PROTECTION DISTRICT**

# **MEMBERSHIP APPLICATION**

Shelbina Fire Protection District  
204 West Chestnut  
Shelbina, Missouri 63468

**PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (M.I.)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years at present address? \_\_\_\_\_ If less than 2 years at present address, list previous address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's employer \_\_\_\_\_  
(Name) (Phone)

Driver's License Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Have you ever received a moving traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
List any: \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
List any: \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
(Year) (Make) (Model) (Condition)

Automobile Insurance Carrier \_\_\_\_\_  
(Company) (Agent) (Coverage/limits of liability)

**EDUCATION**

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
NAME:		
CITY/STATE:		
YEAR GRADUATED:		
AREA/DEGREE/DIPLOMA:		

**MILITARY**

BRANCH:	HIGHEST RANK:	DATES:	ASSIGNMENT:
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**RELATED EXPERIENCE**

Have you ever served on a fire district/department? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list district/department \_\_\_\_\_  
(Name) (City/State) (Phone #) (Chief Officer)

List previous fire service training \_\_\_\_\_  
\_\_\_\_\_

Do you hold a current Missouri EMT license? \_\_\_\_\_ If yes, \_\_\_\_\_  
License Number Exp. Date

Do you hold a current Missouri Paramedic license? \_\_\_\_\_ If yes, \_\_\_\_\_  
License Number Exp. Date

List any other fire service/EMS/rescue related training \_\_\_\_\_  
\_\_\_\_\_

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc. \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

EMPLOYER/ADDRESS/DATES <i>(Current employer first)</i>	POSITION/SUPERVISOR	REASON YOU LEFT

What are your current hours? \_\_\_\_\_ Would you be able to respond from work? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ORGANIZATIONAL AFFILIATIONS/HOBBIES/INTERESTS**

List any organizations you are affiliated with \_\_\_\_\_  
\_\_\_\_\_

List any hobbies or special areas of interest \_\_\_\_\_  
\_\_\_\_\_

Do you know anyone who is currently serving with the Shelbina Fire Protection District? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, Who? \_\_\_\_\_

**HEALTH**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Condition of Health \_\_\_\_\_

Have you ever been treated for medical problems involving: (check) \_\_\_\_\_ Back \_\_\_\_\_ Heart \_\_\_\_\_ Respiratory

Have you ever been treated by a physician for any condition in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

In your opinion, do you have any condition (physical or mental) that may adversely affect your performance as a firefighter in any way? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe \_\_\_\_\_

Have you had a complete physical within the past 2 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Family Physician \_\_\_\_\_

(Name)

(Address)

(Phone)

**REFERENCES**

List three local references you have known for at least two years. Do not list relatives or former employers.

Name/Address	Day Phone/Evening Phone	How long have you known?

**ADDITIONAL INFORMATION**

How did you learn of the Shelbina Fire Protection District? \_\_\_\_\_

Why do you wish to become a member of this organization and why do you feel you would be an asset to the organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT/SIGNATURE**

I certify that all information contained within this application is true to the best of my knowledge. I understand that the Shelbina Fire Protection District will verify all information contained within this application and perform the following reference checks: drivers license record check and background investigation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Social Security # \_\_\_\_\_

Please attach a copy of your driver's license, high school diploma or GED, and verification of auto insurance to this application.