

**CITY OF ASOTIN FIRE DEPARTMENT**  
 Membership Application



**APPLICANT INFORMATION**

Last Name				First				M.I.
Street Address							Apartment/Unit #	
City				State			ZIP	
Phone				E-mail Address				
Social Security Number				Typical Work Days			Typical Work Hours	
Position Applied for (circle)	Firefighter			EMT			Firefighter / EMT	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have prior Firefighting / EMT Experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where & when?					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					

**EDUCATION**

High School				City / State				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College / Other				City / State				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

**REFERENCES**

*Please list three references (at least one professional).*

Full Name				Relationship				
Company				Phone				
Full Name				Relationship				
Company				Phone				
Full Name				Relationship				
Company				Phone				

EMPLOYMENT (CURRENT)			
Company		Phone	
Address		Supervisor	
Job Title	Starting Date (MM/YY)		
Responsibilities and Job Skills			
May we contact your supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

PAST EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Date (MM/YY)	Ending Date (MM/YY)	
Responsibilities and Job Skills			
Reason for Leaving			
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

VOLUNTEER EXPERIENCE			
Organization		Position	
Starting Date (MM/YY)		Ending Date (MM/YY)	
Responsibilities			
Organization		Position	
Starting Date (MM/YY)		Ending Date (MM/YY)	
Responsibilities			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date