

PUTNAM LAKE FIRE DEPARTMENT INC. MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:			
Date of birth:	Age:	SSN: _____ - _____ - _____	Phone:
Current address:			
City:	State:	ZIP Code:	
Own Rent <i>(Choice one if applicable)</i>	How long? Years: _____ Months: _____		Email:

EMPLOYMENT INFORMATION

Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Do you work in the area of the Putnam Lake Fire Dist. ? YES NO		
Can you leave work to answer a call for response? YES NO			

SCHOOL EXPERIENCE

High school:	From:	To:	Did you graduate?	YES	NO
College:	From:	To:	Did you graduate?	YES	NO
Course of study:					
Other:	From:	To:	Did you graduate?	YES	NO

EMERGENCY SERVICES EXPERIENCE

Name of Agency:			Phone:
Address:	State:		ZIP Code:
City:	Contact Number:		
Direct Supervisor:			

CURRENT LICENSES

Drivers License

Do you currently hold a valid driver's license? YES NO If no, why? _____

Licensing State:	License Number:	License Class:
Any other current licenses or certifications: Please list below (Emergency Medical Tech., CPR, Certified Fire Courses)		

BACKGROUND INVESTIGATION

Have you ever been convicted or pled guilty to a felony, misdemeanor, insurance fraud, arson, or a reduction of one of these offenses ?

(circle one) YES NO *** IF "YES" IS CIRCLED PLEASE ATTACH FULL EXPLANATION TO BACK OF APPLICATION**

Sex:	Height:	Weight:	Hair Color:	Eye Color:
Race:	Place of Birth:		Maiden name (if applicable)	

PUTNAM LAKE FIRE DEPARTMENT INC. MEMBERSHIP APPLICATION

MEMBERS STATEMENT

Submitted herewith please find my application fee of \$ 5.00. I understand that if my application is not accepted, my application fee will be returned. I further understand that in the event that I do not meet the requirements of the Putnam Lake Fire Department, during my probationary period (one year) I may be dismissed at any time. I also understand that a false statement on this application will result in the immediate termination of my probation and expulsion from the department.

Applicant's Signature: _____

Date: _____

REFERENCES

(no immediate family references)

Name	Address (City, State)	Phone	How long have you know the reference?
1.			
2.			

PHYSICIANS REPORT OF FITNESS FOR FIREFIGHTING DUTY

*A physical is required for firefighting duty. This must be done by a licensed physician. The physician must have completed a physical on the applicant within the last year. O.S.H.A. Regulations require that you pass a physical examination before becoming an interior structural firefighter. The department will provide you with this free medical examination within your first year of membership and prior to full active duty. After acceptance, the department will be responsible to offer a yearly physical. Will you be willing to undergo a medical examination for this purpose? YES NO *(Reporting Physician circle one)*

I have examined _____, and find him / her to be in generally good health and feel the applicant is medically and physically fit for firefighting duty.

Physicians Signature: _____

Date: _____

Print Physician's name: _____

Physician's Address: _____

STATEMENT OF PARENTAL OR LEGAL GUARDIAN

TO BE COMPLETED IF APPLICANT IS UNDER 18 YEARS OF AGE

I am the parent / legal guardian of _____ who is applying for membership in the Putnam Lake Fire Department. I am aware that a criminal / arson background investigation will be required, as well as a statement from a doctor as to my child's physical condition. I have read the application for membership and give my permission for my son / daughter to become a member of the Putnam Lake Fire Department.

For a student to remain an active responding member they must maintain a passing grade and are expected to, when requested, produce a school report card / progress report. This can be requested by the Fire Chief or the applicants direct supervisor in accordance to the department by-laws and membership requirements.

Parent / Legal Guardian signature: _____

Date: _____

SIGNATURES

I state that the above information provided is truthful to the best of my knowledge and understand that any false statements will result in denial of this application.

Signature of applicant: _____

Date: _____

APPLICANT'S AUTHORIZATION OF RELEASE OF INFORMATION

(to be filed out at interview with membership committee)

In order to confirm the information I supplied on my application for membership in the **PUTNAM LAKE FIRE DEPARTMENT**, I Authorize all agencies, educational institutions, law enforcement agencies, present and former employers to disclose their relevant records about me to the **PUTNAM LAKE FIRE DEPARTMENT** whether the information be of public, private or confidential nature; and I release them from any liability and responsibility from doing so.

Applicant's Name (please print):

Date:

Applicant's Signature:

Witnessed By:

Title and Name (please print):

Date:

Signature:

TO BE COMPLETED BY THE PUTNAM LAKE FIRE DEPARTMENT MEMBERSHIP COMMITTEE

Date:

(circle one)

1.	YES	NO
2.	YES	NO
3.	YES	NO
4.	YES	NO
5.	YES	NO

COMMENTS:

Date accepted by the Putnam Lake Fire Department:

Note to applicant:

Once your application is received and reviewed you will be contacted by the Chairman of the Membership Committee or his/her designee. The Chairman/committee designee will contact you to set up an appointment to interview with the Membership Committee. This typically happens prior to the departments regularly scheduled monthly meeting. These meetings take place on the first Tuesday of every month. At this meeting the Committee and the applicant will review the application submitted. Expect to be asked typical interview questions. If the Committee feels the applicant fits the position applied for, the Membership Committee will recommend the applicant to the membership of the department on the same evening. If accepted by the membership, the Membership Committee Chairman/committee designee will file for a background check typically done by the Putnam County Sherriff's Office. Once a clear background investigation is received, you will be placed on the Town Of Patterson insurance and be accepted as a probationary member of the department.

If you have any questions regarding the application or its process contact the Membership committee at: Membership@plfd.org.