

Application for Firefighter Membership

West Gardiner Fire Department

1. Name in Full _____

2. Address _____

3. Over 18 Years of Age YES _____ NO _____

4. Driver's License # _____ Class _____

5. Date of Birth _____

6. Phone Number _____

7. List all Trainings/Certifications

8. Do you have any medical or other conditions that will prevent you from doing the duties of a firefighter?

Department Use Only

Accepted _____ Date _____

Rejected _____ Date _____

Fire Chiefs Signature _____

1. Have you ever been convicted of a criminal act? If yes please explain.
2. Have you ever been convicted of any traffic violations in the last 5 years? If yes please explain.

To the best of my knowledge, all answers to the above are true; I hereby authorize the Chief of West Gardiner Fire Department and /or his designated physician to obtain such medical records as necessary to evaluate my medical fitness for duty. I also authorize the Chief or designee of the West Gardiner Fire Department to conduct a background check of my criminal and driving record.

Signature_____

Date_____