



North Highlands Engine Company, No. 1

Application for Membership

This application is to be filled out completely and returned with a \$25 NON-REFUNDABLE fee. All applicants who are accepted must abide by the Department and District By-Laws, Constitution, Standard Operating Guidelines, and Policies.

Membership Applied For:	<input type="checkbox"/> Active Firefighter	<input type="checkbox"/> Associate Member
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Personal

Full Name		Date of Application	
Address		Tel #	
City		Work #	
State/Zip		SSN	
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	
Occupation		Company Name	
Drivers Lic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date:	License #

Experience

Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch / Date	
Fire Department	<input type="checkbox"/> Yes <input type="checkbox"/> No	FD Type	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid
FD Dates	From To	Rank Held	

Medical

General Health	<input type="checkbox"/> Good <input type="checkbox"/> Fair	Blood Type	<input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB
Drug Allergies (List)			
Disabilities or Injuries (List and describe)			

Contacts

Closest Relative		Address / Tel #	
Relation			
Emergency Contact		Address / Tel #	
Relation			

References

1		Address / Tel #	
2		Address / Tel #	
3		Address / Tel #	

Have you ever been convicted of a felony or misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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All of the above statements are true to the best of my knowledge and any statement entered falsely may be grounds for immediate dismissal.

Signatures

Sponsor		Date	
Applicant		Date	

If under 18

Parent/ Guardian		Date	
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