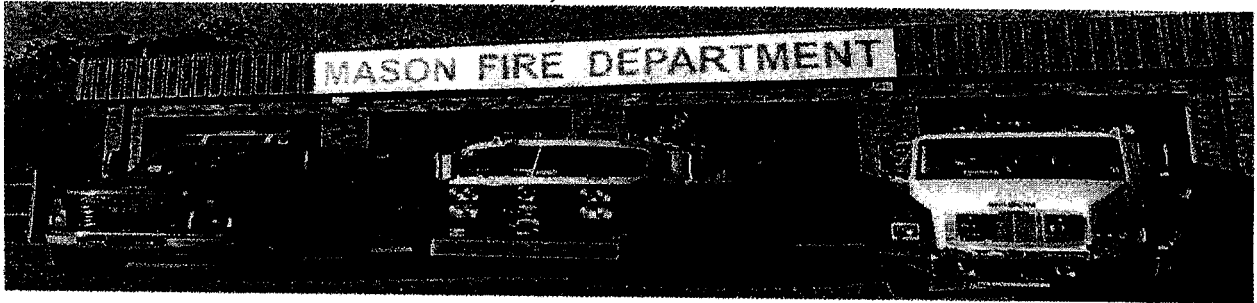


MASON VOLUNTEER FIRE DEPARTMENT

12162 Main Street
Mason, Tennessee 38049



Name: _____
Last
First
MI
Suffix

Are you at least 18 years old? Yes No

DL# _____ State: _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Work: _____ Home: _____

Cell: _____ Pager: _____

Please check the usual times that you will be available to respond to fire calls:

Available Time	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
6:00 am-- noon							
noon -- 6:00 pm							
6:00 pm-- midnight							
midnight -- 6:00 am							

REFERENCES:

Name	Address	Telephone #

MASON VOLUNTEER FIRE DEPARTMENT

Are you willing to attend weekly meetings to discuss fire department issues? Yes No

Are you willing to attend monthly fire training? Yes No

Do you have any medical conditions that would prevent you from doing the physically demanding work of fire fighting? Yes No

Have you had a complete physical exam within the last two years? Yes No

List any allergies: _____

Date of Last Tetanus Shot: _____

After showing you the job description of a volunteer firefighter, do you know of any reason why you could not perform this work? Yes No

Do you have a vehicle that you can drive to training sessions and emergencies?
 Yes No

Do you carry liability insurance on all vehicles that you may drive while participating in fire department activities?
 Yes No

Has your driver's license been suspended or revoked within the past five years?
 Yes No

Do you have health insurance coverage? Yes No

Do you have any felony convictions or DUI violations? Yes No

Do we have your permission to run a background check? Yes No

Are you willing to submit to a drug test? Yes No

In Case of Emergency,

Notify: _____ Relationship: _____ Phone: _____

EDUCATION	High School	Vocational School	College / University	Advanced Education
School Name				
City/State				
Year Graduated				
Degree/ Area				

MASON VOLUNTEER FIRE DEPARTMENT

Military Experience <input type="checkbox"/> None	Branch	Highest Rank	Dates	Assignment

Fire/Rescue Experience <input type="checkbox"/> None	Fire Department	City/State	Highest Rank	Assignment

EMS Training <input type="checkbox"/> None	<input type="checkbox"/> First Responder	<input type="checkbox"/> EMT	<input type="checkbox"/> EMT-IV	<input type="checkbox"/> Paramedic
--	--	------------------------------	---------------------------------	------------------------------------

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I live or work within 5 miles of the fire district of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability. I also understand that I will not be eligible for fire department tags until my probation is over.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE: FIRE DEPARTMENT USE ONLY

<i>Fire Department Use Only: Reviewed</i>	<i>DL Copied</i>	<i>EMS card</i>	<i>Hep B Filed</i>
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Considered for Volunteer: Yes No

If No, Reason and Explanation: _____

Has all needed ID: Yes No

Preliminary start date: _____

Probation end date: _____

Termination of service date: _____

MASON VOLUNTEER FIRE DEPARTMENT

IDENTIFICATION CARD INFORMATION

(Please PRINT)

NAME: _____

DATE OF BIRTH: _____

WEIGHT: _____

HEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

BLOOD TYPE: _____

ADDRESS: _____

PHONE #: _____

SS #: _____

ATTACH FIRE DEPARTMENT COPY OF ID ISSUED

ATTACH HERE