



Membership Application

Please Circle which Department you will be applying for

MORTLAKE FIRE COMPANY OR EAST BROOKLYN FIRE



The position(s) you are applying for: (check)

Mortlake Fire Company

East Brooklyn Fire

Active Associate

Firefighter EMS

Fire Fighter Medical Responder

Social Member

Both

| | | | | |
|--------------------|------------|------------|------------------|-------------|
| Last Name | | First Name | | Middle Name |
| Address | | | | |
| City | | State | | Zip Code |
| Date Of Birth: | Gender: | | Social Security: | |
| Cell Phone | Home Phone | | E-mail | |
| Emergency Contact: | Phone: | | Relation: | |

Profile:

- Are you legally authorized to work in the U.S.? YES NO
- Do you have any commitment or responsibilities that might prevent you from meeting job requirements? YES NO If you answered yes; please explain:

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- Have you ever been a member of the East Brooklyn Fire Department? YES NO
- Have you ever been a member of the Mortlake Fire Company? YES NO

General Education and Military Service:

- High School _____ Did you graduate? YES NO
- College / Trade School _____ Did you earn a degree? YES NO
- List any skills or training which you feel relate to the position applied for; including military service:

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Driving Record Check:

| | | |
|---------------|----------------|---------------------|
| License State | License Number | License Endorsement |
|---------------|----------------|---------------------|

- Do you agree to a driver's license record check? YES NO
- Have you been convicted of a motor vehicle offense in the past 7 years? YES NO If you answered yes; please explain:
- Do you have reliable access to Transportation? YES NO
- Own your own Vehicle? YES NO

Availability and Qualifications:

1. What hours are you available to respond to emergency calls?

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Day-time | | | | | | | |
| Night-time | | | | | | | |

2. Have you received Firefighter/E.M.S. training in the past? YES NO
List Type of firefighter / EMS training:

| | |
|--|--|
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4. Are you willing and able to attend a NFPA 1403 basic (Firefighter 1) firefighter program? YES NO

5. Are you willing and able to attend an EMR (Emergency Medical Responder) program? YES NO

Employment History:

| From | To | Employer | Position | Reason for Leaving |
|----------|----------|----------|----------|--------------------|
| __/__/__ | __/__/__ | | | |
| __/__/__ | __/__/__ | | | |

Reference:

| Name | Address | Phone Number | Title | Years Known |
|------|---------|--------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

| | |
|---------------------|-------------|
| Applicant Signature | Date Signed |
|---------------------|-------------|

In the event of membership, I understand that false or misleading information given in my application, or the interview (s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulation of the East Brooklyn and Mortlake Fire Company.

I understand that receipt of this application does not imply membership and that this application and /or any other documentation are not contract for membership

FIRE COMPANY USE BELOW

Date Application read for the first time: _____

Date of Applicant Interview: _____

Date of Physical Examination: _____

Date of Application read for the Second time: _____

Application approved by: _____

Date: _____

Remarks: _____
