



Berea Volunteer Fireman's Association

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security Number _____

Are you over the age of 18? YES NO Are you currently employed? YES NO

Do you have any previous firefighting experience? YES NO If yes, by who? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO If not, do you have a GED or equivalency? _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Work History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if granted membership falsified statements on this application shall be grounds for dismissal. I also authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have and release all parties from liability from any damage that may result from furnishing the same to you. I also authorize the Berea Volunteer Fireman's Association to request records regarding my driving history and any criminal court action that has been taken against me. I also understand and agree that I may be subject to physical examination and/or a drug screen.

Signature: _____ Date: _____

Please email all applications to berearescueapplications@gmail.com and rcurtis@bereaky.gov or take a paper copy to Berea Fire Station 1 on Chestnut Street in Berea.

Date application received:

Interviewed by: _____

Approved for membership:
YES NO