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|------------|------------------|----------------|
| Office Use | Start Date _____ | End Date _____ |
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TUSCOLA FIRE DEPARTMENT

Application for Membership

Name _____ Date _____

Address _____

Phone Number _____ Birth Date _____

Social Security Number _____ Sex _____

Spouse's Name _____

Children's Name _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Height _____ Weight _____ Blood Type _____

Do you have any pre-existing medical conditions that would hinder your ability to perform strenuous physical activities _____ If so, explain _____

Your Occupation _____

Address of Employment _____

Work Phone _____ Work Hours _____

Cell Phone _____ Pager _____

E-mail _____

Can you leave your job if called to an emergency? _____

Education: *(circle highest level achieved)*

Grade School High School

College: 1 year, 2 years, 3 years, B. S. Degree, B. A. Degree, Masters,
Doctorate, Other _____

Fire Service Training _____

References _____

Names and _____
Addresses _____

In case of an emergency, notify: Name _____

Address _____ Phone _____

I certify that the information furnished in this application is correct and complete to the best of my knowledge. I hereby authorize investigation of all statements and understand that any false statements or omissions, may be sufficient cause for rejection of my application.

Applicant's signature _____ Date _____