

Southampton Fire Department Member Application

Please Print Clearly:

Personal Information:

Name: _____
 First Name Middle Name Last Name

Street Address: _____

Mailing Address: _____
(If Different from street address)

City : _____ State: _____ Zip Code: _____

Social Security Number: _____

Telephone Numbers:

Home: _____ Work: _____
Cell: _____ Pager: _____
Email: _____ Other: _____

Drivers License:

License Number: _____ Class: _____
Expiration Date _____ State: _____

Company Affiliation:

Company Name: _____ Date Joined: _____

Other Department or Company Information:

Department Name: _____ Years of Service: _____
Reason For Leaving: _____

Offices Held: _____

Previous Civil Defense, Police, or Military Experience:

Have you ever been convicted of a crime? Yes / No

If yes, explain: _____

Have you ever been confined to a mental institution? Yes / No

If "yes", explain with names and dates: _____

Do you have any mental or physical disabilities?

Yes / No

If "yes" explain: _____

For Department Use Only

Resides within Village or Protection District? _____ If no, give date of approval. _____

Date of Physical Exam: _____

Qualified as:

Interior Firefighter: _____ Exterior Firefighter: _____ Limited Duty: _____

Signature of Applicant: _____

Approval of Village Board of Fire Commissioners: _____

Date: _____