

SOUTHAMPTON FIRE DEPARTMENT

Member Application



APPLICANT INFORMATION										
Last Name					First			M.I.	DOB	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
SSN	- -				Place of Birth					
Company Affiliation										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been confined to a mental institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
FIRE/EMS/POLICE SERVICE										
Department					Address					
From	To	Still a member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position					
Department					Address					
From	To	Still a member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position					
Department					Address					
From	To	Still a member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position					
PHONE LIST										
Cell					Work					
Home					Other					
DRIVERS LICENSE										
License Number							Expiration			
State							Class			
MILITARY SERVICE										
Branch					From	To				
Rank at Discharge					Type of Discharge					
If other than honorable, explain										

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DO YOU HAVE ANY MENTAL OR PHYSICAL DISABILITY THAT WOULD IMPAIR YOUR ABILITY AS AN INTERIOR STRUCTURAL FIREFIGHTER?
If yes, please explain

EMERGENCY CONTACT					
Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Relationship			

BENEFICIARY INFORMATION					
Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Relationship			

SPOUSE/CHILDREN INFORMATION					
Relationship		DOB		Maiden	
First		Last (MI)			
Relationship		DOB			
First		Last (MI)			
Relationship		DOB			
First		Last (MI)			
Relationship		DOB			
First		Last (MI)			
Relationship		DOB			
First		Last (MI)			
Relationship		DOB			
First		Last (MI)			

PHYSICAL INFORMATION (IF KNOWN)			
Blood Type		Allergies	
Height		Weight	

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MAILING ADDRESS (IF DIFFERENT FROM PAGE 1)					
Street Address				Apartment/Unit #	
City		State		ZIP	

CURRENT EMPLOYER					
Company				Date Started	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		

CURRENT EMPLOYER					
Company				Date Started	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		

OTHER NAMES USED/ ALIASES					
Last Name		First		M.I.	Date
Last Name		First		M.I.	Date

DISCLAIMER AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to membership, I understand that false or misleading information in my application or interview may result in my termination.</p>			
Signature			Date

For Department Use Only

Does Applicant Reside in District

YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, give date of approval	
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Physical Examination

Date		Class A (Interior)	Class B (Exterior)	Class C (Limited Duty)
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Election Dates

Company		Village Board		Active Roster	
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Notes: