

APPLICATION FOR MEMBERSHIP

Please read and sign:		
background investigation a information that may be pe complete. I understand the	and authorize any person rtinent to such investigation nat any false statements materials are a member, I agr	hereby make application for membership in the with this application, I authorize the department to conduct a named herein and any law enforcement agency to release on. I affirm that all statements contained herein are true and nade are grounds for denial of this application or dismissal tee to abide by all rules and regulations as specified in the Fire Company
Signature of applicant		Date
For your membership ap	plication to be complete,	you must:
Provide all	information requested in the	his application including signature
Provide a c	urrent Criminal Backgrour	nd Check from the State of Delaware
After compl	eting and becoming a regu	lar member we will re-imburse for background and record
Obtain you	r official driving record	
 An inquiry There is a F 	Fee for this service payable to the	RRS RECORD REPORT record can be obtained at any Division of Motor Vehicles Office. the State of Delaware Department of Motor Vehicles. with the Drivers Record Report.
Copy of yo	ur driver's license or State	Identification card for verification
Copy of yo	ur Social Security card for	verification
Administrative use only	1 st reading: Interview Date /Time: _	

PLEASE PRINT

PERSONAL II	NFORMATION		
Name:		Date of Birth:	
	(First, MI, Last)	Social Security Number:	
Address:		How long at current	
City, State, Zip:		residence?:	
Telephone Number:		Cell phone Number:	
Email Address:			
EMEDOENO	Y CONTACT INFORMA	TION	
	I CONTACT INFORMA		
Name: Address:		Relationship: Work Phone:	
City, State, Zip:		Work Phone:	
City, State, Zip.		Trome 1 none.	
MEMBERSHI	P CATEGORY AND AF	REA OF INTEREST	
Which membership c	ategory of the company do you hav	e an interest in pursuing?	
REGULAR	AMBULANCE JUNI	OR	
Which administrative	area(s) of the department do you h	ave an interest in pursuing? (Applies to AL	L members)
— Fundra	aising	— Information Technology	
Recrui	tment / Retention	Hall Rental	
— Fire Pr	revention	— State / County organization	ıs
— Buildir	ngs & Grounds Maintenance	— Treasury / Accounting	
Public	Relations	Historian	
Bingo		— Other	

Please tell us briefly why you would li	ke to become a member of the Cheswold Volunteer Fire Company
FIRE FIGHTING/EMS EX	PERIENCE
<u>₹</u>	nteer or paid fire department, rescue squad or ambulance corps or simi
organization? YES	NO If YES, please complete the following:
Organization:	How Long:
Address:	Supervisor:
City, State, Zip:	Supervisor's Telephone:
Date you enteredthe organization:	Date you left:
Reason for leaving:	
Rank or Positions Held:	
•	more than one such organization, check this box [] and provide for above by writing it on the back of this page.
	medical service type training you have completed (e.g., Emergency e, etc.). Give expiration dates for any training certificates that you hold

	st 5 years starting with most current: (use back of page if necessary)
1 7	How long:
Address:	•
City, State, Zip:	_
Business Telephone:	Supervisor's Telephone:
Employer:	How long:
Address:	Occupation:
City, State, Zip:	Supervisor:
Business Telephone:	Supervisor's Telephone:
REFERENCES	
Please list three character references o	ther than employers:
Name:	0
Address:	
City, State, Zip:	Hama Dhana
Interviewer's Notes:	
Name:	Occupation:
Address:	Work Phone:
City, State, Zip:	Home Phone:
Interviewer's Notes:	
Name:	Occupation:
	Work Phone:
Address:	
Address: City, State, Zip:	Home Phone:

·	of the United States? (Including the Reserves or National G
YES	NO If YES, please complete the following:
Branch of Service:	Serial Number:
Dates of Service:	Highest Rank:
Discharge Location:	Type of Discharge:
EDUCATION HISTORY	
High School:	Year of Graduation:
College:	Number of years:
Degree:	Year of graduation:
College:	Number of years:
Degree:	V
Od de de	
Other certifications:	
Other certifications:	
Other certifications:	
CRIMINAL HISTORY	
CRIMINAL HISTORY	
CRIMINAL HISTORY Have you ever been charged with or convicted YES	ed of any misdemeanor or felony offense?
CRIMINAL HISTORY Have you ever been charged with or convicted YES Describe the nature of the offense, dates charging jurisdiction, and disposition of case:	ed of any misdemeanor or felony offense? NO
CRIMINAL HISTORY Have you ever been charged with or convicted YES Describe the nature of the offense, dates charging jurisdiction, and disposition of case: Have you ever been charged with or convicted.	ed of any misdemeanor or felony offense? NO