



.....8U_chU: [fYDfchW]cb'8]gf]W



Application for Membership

Date: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Address: _____

City, State: _____

Social Security Number: _____

Driver's License Number and State: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Are you known by any other name? _____

Are you 18 years of age or older?..... Yes No

Do you have High School Diploma or equivalent?..... Yes No

What High School did you graduate from? _____

Are you currently employed?..... Yes No

If yes, who is your current employer? _____

Supervisor Name and Phone Number: _____

May we contact your current employer?..... Yes No

Are you prevented from lawfully becoming employed
in this country due to Visa or Immigration Status?..... Yes No

Have you ever had a criminal conviction?..... Yes No
(A conviction does not necessarily disqualify applicant.)

If yes, please explain: _____

Do you have any pending criminal charges against you?..... Yes No

If yes, please explain: _____

Your current work hours: _____

What hours are you available for fire calls? _____

How does your employer feel about you leaving during work hours? _____

Describe any specialized training, skills, or extra-curricular activities:

List professional, trade, business, or civic activities and offices held:

References: (2 required, 3 max)

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have carefully read all enclosed material, and answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for membership as may be necessary in arriving at the decision for my membership. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership relationship with this organization is of an "at will" nature, which means that I may resign at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or conduct, unless, such change is specifically acknowledged in writing by an authorized party of the 8U_cHU: JfYDcHMcb 8lgfW I also understand that if at any time I am dismissed from the Department, I will be required to return all Dakota Fire Protection District apparel and equipment immediately.

In the event of membership, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Dakota Fire Protection District.

Signature of Applicant: _____ Date: _____



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118 E Main St Dakota, IL 61018 * 815-449-2490

Please Read Carefully

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the application for membership are true and complete to the best of my knowledge. I understand that in the event of membership, falsified statements on this application or given to the Department through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the 8U_cH: [fYDfchMMcb'8]gf]M or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after a membership decision is reached and in fact could be done on multiple occasions during membership.

Some positions may require a physical examination following an offer of membership. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the 8U_cH: [fYDfchMMcb'8]gf]M

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my membership as requested by the 8U_cH: [fYDfchMMcb'8]gf]M

I hereby release from liability and hold harmless the 8U_cH: [fYDfchMMcb'8]gf]M and all persons and corporations supplying this information to the 8U_cH: [fYDfchMMcb'8]gf]M and/or its agents. A photocopy of this authorization is as effective as the original.

Date of Birth: _____

Signature of Applicant: _____ **Date:** _____

Print Name: _____
First
Middle
Last