



Bunnell Fire/Rescue Membership Application

Full Name: _____ Sex: _____ Race: _____

Social Security #: _____ - _____ - _____ Birth date: ____/____/____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Pager/Other: _____

US Citizen: YES NO Marital Status: _____ No. of Children: _____

Employer: _____ Phone: _____

Position: _____ Other Skills: _____

Driver License #: _____ Class: _____ State: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Circle highest level of schooling completed: 9 10 11 12 13 14 15 16

High School _____ City: _____

College/Trade School: _____ City: _____

US Military Veteran: YES NO Branch: _____ Grade at separation: _____

In Case of Emergency Notify: _____

Address: _____

Phone #'s: _____ Relationship: _____

Beneficiary: _____

Address: _____

Home Phone: _____ Relationship: _____

Personal References

1) _____ Phone: _____

Address: _____

2) _____ Phone: _____

Address: _____

3) _____ Phone: _____

Address: _____

Have you been a member of a Fire Department before? YES NO

If yes, name of Department: _____

Address: _____

Years as a member: _____ Highest rank held: _____

Fire Service Training _____

I do hereby testify that all of the information contained herein is true and correct to the best of my knowledge. I also authorize the City of Bunnell to do a personal background investigation for the purpose of membership screening.

Signed: _____ Date: _____

Witness: _____

Application accepted by: _____ Date: _____

Copies of Drivers License, Diploma, DD-214, and documents of any relevant training should also be submitted, along with completed medical questionnaire and background investigation form.

Medical Questionnaire

Eyesight:

NORMAL GLASSES CONTACTS

How long? _____

Hearing:

NORMAL HEARING AID

How long? _____

Have you or anyone in your family ever had any of the following? (Circle all that apply)

- | | | | | |
|-------------------|-----------------|----------------------|-------------------------|------------------|
| Allergies | Anemia | Arthritis | Asthma | Blood Disease |
| Blurred Vision | Bursitis | Cancer | Cardiovascular Problems | |
| Diabetes | Fainting Spells | Hair Loss | Hay Fever | Hearing Problems |
| Inner Ear Problem | | Respiratory Problems | | Seizures |
| Sinus Problem | Skin Disorder | | | |

Personal Inquiry Waiver

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish the Bunnell Police Department, Bunnell Fire Department or its assignees any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, including Photostats of same if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Bunnell Volunteer Fire Department,

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

Applicant's signature

Date

Street Address

Drivers license Number (Include State)

City

State

Zip

Affidavit

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore:

Sworn to and subscribed in my presence this _____ day of _____ 200__.

My Commission Expires: _____

Signature of Notary Public