

**ROSSVILLE FIRE DEPARTMENT**  
**360 Morrison Road**  
**Rossville, TN 38066**

**MEMBERSHIP APPLICATION**

\*The Fire Chief/Administration of the organization may verify all information and references given on the application. This application does not constitute an offer of employment nor create any contractual rights.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years/Months at above address: \_\_\_\_\_ Years/Months resided in TN \_\_\_\_\_

D.O.B. \_\_\_\_\_ SS No.: \_\_\_\_\_ Drivers License (State/Class/Expiration) \_\_\_\_\_

(Provide copy of drivers' license with application)

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership for membership?  Yes  No If yes, explain: \_\_\_\_\_

**EMPLOYMENT:**

Current Employer/School: \_\_\_\_\_ Address (City/State/ZIP) \_\_\_\_\_

Phone Number of Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Years in Position: \_\_\_\_\_ May we contact your employer for a reference? Yes  No

**EDUCATIONAL BACKGROUND – INCLUDE SCHOOL/SCHOOL ADDRESS/DEGREE/YEAR:**

High School/Tech School (Name and Address) \_\_\_\_\_

College/University/Vocational School \_\_\_\_\_

Post Graduate \_\_\_\_\_

Military Experience \_\_\_\_\_

(If a member of US Armed Services, did you receive an honorable discharge? Yes  No

**PREVIOUS FIREFIGHTING/EMERGENCY SERVICES ORGANIZATION (ESO) EXPERIENCE: LIST ALL USING ADDITIONAL SHEET IF NECESSARY)**

Fire Company/ESO \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Fire Chief's Name/Administrator's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fire Company/ESO \_\_\_\_\_ Dates of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Fire Chief's Name/Administrator's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Total Years involved in Emergency Service: \_\_\_\_\_

**TRAINING: (Fire Schools/Training (Firefighters, Rescue, EMS, Etc.) Include Date/School Location. Use additional pages if necessary.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**HEALTH INFORMATION:**

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? No: \_\_\_\_\_

If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency services provider? (Fear of heights, claustrophobia, etc? No \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**PERSONAL REFERENCES:** List 3 references other than members of this organization who have known you for at least 3 years.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City/State) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City/State) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City/State) \_\_\_\_\_

**List the names of any acquaintances that are members of this organization:**

\_\_\_\_\_  
\_\_\_\_\_

Indicate times your will be available to participate in the Fire Department activities (meetings, drills, calls).

Week Days: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

**BACKGROUND INVESTIGATION:**

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or reduction of one of these offenses?  
No:\_\_\_\_\_ Yes:\_\_\_\_\_ If YES, give details on an attached sheet.

I agree to permit the Rossville Fire Department to conduct an investigation into my background through the Police Department, State Police, FBI or any other recognized law enforcement organization or to contact my references. The Rossville Fire Department will hold this information in confidence.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

**WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.**

In witness whereof, this applicant has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the undersigned applicant who affirms/certifies that the statements made herein are true and accurate under the penalty of perjury.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CHIEF/WITNESS \_\_\_\_\_ DATE: \_\_\_\_\_

**PRIVACY NOTIFICATION:**

Section 94 of the public officers law (personal privacy protection law (Personal Privacy Protection Law) requires that you be notified of the following facts when information will be maintained in a record system is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Law.

The information obtained will:

- Be used to determine your qualifications for the position for which you are applying;
- Be released to the Fire Chief and Officers; and
- Be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a Fire Department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The Office Manager for the Town of Rossville Fire Department will maintain the INFORMATION.

**ROSSVILLE FIRE DEPARTMENT  
Applicant's Authorization for Release of Information**

In order to confirm the information I have supplied on my application for membership with the Rossville Fire Department, I authorize all licensing agencies, educational institutions, law enforcement agencies, present and past employers, and the military service to disclose their relevant records about me to the Rossville Fire Department, whether the information be of public, private, or confidential nature, and I release them from that liability and responsibility for doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this will accompany requests for official documents and confirmation of my credentials.

Applicant's Name (Please print)	Applicant's Signature	Date
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Witnessed by:

Name and Title (Please print)	Witness' Signature	Date
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