

Application for Membership

Harrisburg Community Fire Department Inc.



47591 273rd St ♦ Harrisburg, South Dakota 57032 ♦ 605-743-5700

Date _____

Personal Information

Name _____

Current Address _____

City/State/Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Are you a legal US citizen? YES [] NO [] Are you over 18 years of age? YES [] NO []

Experience

Have you previously filed an application with the Harrisburg Community Fire Dept Inc? YES [] NO []
If so, when?

Have you ever been denied membership to any Fire department? YES [] NO []
If so, please explain:

Have you ever been discharged or asked to resign from any Fire department? YES [] NO []
If so, please explain:

Can you provide Certifications? YES [] NO []
List any Firefighting or EMS/Medical certifications you have:

Certification	State	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other training or experiences relevant to participation with the Harrisburg Community Fire Dept Inc:

Education

Type	Name of School	Course of Study	# of Years Completed	Did you Graduate
High School				
College				
Other				

Employment

Current Employer		Telephone Number	
Address		Name of Supervisor	
Start Date	End Date	May we contact?	YES [] NO []
Job Title and Work Description			
Hours Worked			

Previous Employer		Telephone Number	
Address		Name of Supervisor	
Start Date	End Date	May we contact?	YES [] NO []
Job Title and Work Description			
Hours Worked			

References

List three references, not related to you that you have known for at least two years.

Name	Relation	Phone Number	Best time to call	Years Known

Agreement

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for becoming a member of the Harrisburg Community Fire Dept Inc as may be necessary in arriving at a decision, and I release the Harrisburg Community Fire Dept Inc, it's representatives and all persons, companies and corporations supplying such information from any liability which may result from making such investigation.

In the event of my becoming a member of the Harrisburg Community Fire Dept Inc, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Fire Dept. I also understand that as a new member, I must obtain and maintain one of the following within 24 months of becoming a member: South Dakota Firefighter certification, South Dakota EMT-Basic certification, or South Dakota Wildland and First Responder certification.

Signature of Applicant _____ Date _____

For Department Use Only

Date Received _____ Date of 1st Reading _____ Date of 2nd Reading _____

Arrange Interview YES [] NO [] Date of Interview _____ Time of Interview _____

Recommended? YES [] NO []

Not Recommended YES [] NO []

Signatures of Interviewers _____

Remarks: