

Casco Fire Rescue Department Membership Application

Date _____ Social Security Number _____

Name _____

Street Address _____

Mailing Address _____

Email _____ Cell phone _____

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Are you at least 18 years of age? \_\_\_\_\_

Previous Address if less than 3 years \_\_\_\_\_

Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

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Prior Fire or EMS Department Experience

Previous Department

Chief's Name

Do you have a certificate in any fire or EMS courses? If so please list:

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Personal References: (Name, Address and Phone Number)

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

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

Have you ever been convicted of a traffic violation? If yes, please explain:

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Physical Record

Do you have any physical restrictions? If yes, please explain.

Have you had a major illness or been operated on in the last 5 years?

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Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth \_\_\_\_\_

Who to notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Beneficiary:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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The facts set forth in my application are true and complete. I understand that if I am accepted any false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____