

## DeKalb County Fire Department

### Application for Membership

Name of Applicant (Last, First, Middle Initial)	Address of Applicant
Social Security Number:	Date of Birth:
Place of Birth (city & state):	Phone #: (     )
Have you ever been convicted of, or forfeited collateral for any firearms or explosive violation? (Circle one) Yes or No	Are you now under any charges for any violation of law? (Circle one) Yes or No
During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? (Circle one) Yes or No	Have you ever been convicted by a military court-martial? (Circle one) Yes or No
Do you understand that you are considered an "employee" of county government and applicable alcohol/drug screening procedures apply: (Circle one) Yes or No	Have you had any previous firefighting experience? (If yes, provide location, dates and duties on back of application) (Circle one) Yes or No
Do you have any disabilities that would prevent you from performing the essential functions of firefighting? (Circle one) Yes or No	Which station of the DeKalb County Fire Department is the closest (by road) to your residence? _____
Are you a member of any other emergency organization (rescue squad, other county or municipal fire department)? (If yes, please provide name of agency/organization) (Circle one) Yes, _____ or No	Please provide your Tennessee Driver's License Number: _____
<u>Training Prerequisites:</u> <ul style="list-style-type: none"> <li>• Have you completed and attached your certificate of completion for IS-100? _____ <a href="http://training.fema.gov/emiweb/IS/IS100.asp">http://training.fema.gov/emiweb/IS/IS100.asp</a></li> <li>• Have you completed and attached your certificate of completions for IS-700? _____ <a href="http://training.fema.gov/emiweb/IS/IS700.asp">http://training.fema.gov/emiweb/IS/IS700.asp</a></li> </ul>	<p>By signing below, I am certifying that all information provided on this application is true to the best of my knowledge. I further attest that I have read the Standard Operating Procedures (SOP's) for the DeKalb County Fire Department and understand the requirements for membership.</p> <p>Signature of Applicant: _____</p> <p>Date: _____</p>
<u>For Fire Department Office Use Only:</u> Date of Review: _____ Action: _____ Date of Official Membership: _____	Probationary Period Ends: _____ Resignation or Termination (circle one) Date: _____