

APPLICATION FOR MEMBERSHIP
Belleville Fire Department

Date _____ 19 ____

Name _____
FIRST MIDDLE INITIAL LAST

Address _____

Telephone: Home _____ Place of Business _____

Age _____ Date of Birth _____ Height _____ Weight _____

Single _____ Married _____ Spouse's Name _____

How long have you resided in the Village of Belleville? _____

Occupation _____ Employer _____ How Long? _____

Have you notified your employer of this application? _____

Employer's Business Address _____ Employer's Signature _____

List of former employers in the last 5 years, if any _____

Physical Disabilities: Heart _____ Epilepsy _____ Other _____

To what organizations or clubs do you belong _____

Present military service or C.D. _____

Do you have a valid driver's license _____

Have you had any previous Fire Dept. experience? _____ What Dept(s) _____

Can you answer fire calls 24 hours of the day if in Belleville? _____

Can you attend compulsory monthly meetings on the last Monday of every month? _____

During probation can you attend compulsory training meetings the 2nd Monday of each month? _____

Are you available for extra training during your probationary period? _____

REFERENCES: Give the names and addresses of people who know you well and to whom we may refer. Do not name relatives. Please notify your references that they may be contacted.

NAME

ADDRESS

OCCUPATION

Vacancies shall be filled by vote of the membership of the Fire Department in order by date of all applications on file. Approved applications shall be placed on file for a period of 3 years at which time they must be reviewed if the applicant so desires upon notification by the Secretary of the Fire Department.

I understand my appointment in the Belleville Fire Department will be probationary and for one year and that I must complete Firemanship Training as offered through MATC. I hereby authorize the Fire Department to contact all references and former employers, as well as my spouse.

SIGNATURE OF APPLICANT

MEMBERSHIP COMMITTEE RECOMMENDATION

Approved for Membership _____ Date _____

Recommend Additional Training _____ Length of Time _____ Date _____

Membership not accepted _____ Date _____

Reason for non-acceptance _____

Signature _____ Date _____

CHIEF

Signature _____ Signature _____