



Falmouth Volunteer Fire Department



Main Street • PO Box 230 • Falmouth, KY 41040
Emergency – 911 • Business (859) 654-8256 • Fax (859) 654-3603

Application for Membership

(Please Print)

Name _____ Social Security Number _____

Address _____ City/State _____ Zip _____

DOB _____ Age _____ Sex _____ Phone Number _____

Height _____ Weight _____ Marital Status _____

Spouse's Name _____ Number of Children _____

Names of relatives that are members of the Falmouth Fire Department:

Education

| | (Name & Address) | Graduate?/Degree | Year |
|--------------|------------------|------------------|------|
| High School | | | |
| College | | | |
| Trade School | | | |

What skills do you have that you feel will be an asset to the Department?

List activities, other than Religious, that you belong to:

Present Employer _____ Working Hours _____

Address _____ City/State _____ Zip _____

| Former Employers/Address | Dates | Position | Reason for Leaving |
|--------------------------|-------|----------|--------------------|
| | | | |
| | | | |
| | | | |

List below three references, not related to you, whom you've known for more than one year.

| Name | Address | Business | Years Known |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

Do you have any physical condition(s) which may limit your ability to perform the duties of the Falmouth Fire Department? YES NO Explain Below:

Have you ever belonged to a Fire Department? YES NO Name _____

Have you ever been convicted of a felony? YES NO If yes, list below:

| Offense | Date | Disposition |
|---------|------|-------------|
| | | |
| | | |

Do you have a valid Driver's License? YES NO License Number _____

Vehicles experienced in driving (give sizes): Passenger _____ Commercial _____

In case of emergency, notify _____ Phone Number _____

Address _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. I also release those from any liability for providing information concerning me. Furthermore, I give my permission for any Police Department to release any information that they have concerning me. If accepted for membership to the Falmouth Volunteer Fire Department, I agree that their decision was based on the investigation of this applicate and the statements made by me above. If accepted, I understand that I am on a probationary condition for a period of six (6) months before I am considered a full member of the Falmouth Volunteer Fire Department.

Signature _____ Date _____