

Membership Application

Eliot Fire Department, Eliot Maine, 03903-1911

I hereby apply for membership in the Eliot Fire Department, and certify the following to be true and correct to the best of my knowledge and belief.

(Please Print)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

(Please Check Below)

Do you hold a valid Drivers License? Yes ____ No ____

If yes on the above, State ____ License # _____

Have you ever been convicted of a felony? Yes ____ No ____

Do you have previous Firefighting Experience? Yes ____ No ____

If yes, Please explain experience: _____

Upon acceptance into the Eliot Fire Department your application may be subject to a background check by answering yes or no to the previous questions.

I am a legal resident, of good character and standing, who is eligible to register to vote in the Town of Eliot, Maine and not an Active Military Status.

I am in good health, and with out defects that might:

A. Restrict me in my performance of the required duties of a Firefighter.

B. Cause me to jeopardize the safety of fellow members in an emergency.

I also understand by being accepted into the Eliot Maine Fire Department, is contingent of my passing a physical fitness examination by a physician of my choice, or one appointed for me.

Recommended by: (1) _____

(2) _____

I certify that, to the best of my knowledge and belief, all of my information is true and correct.

Date of Application: _____

Signature of Applicant

MEMBERSHIP DATA SHEET
ELIOT FIRE DEPARTMENT
ELIOT, MAINE 03903-1911

	<u>DATE</u>	<u>SIGNATURE</u>
Received by the Secretary	___ / ___ / ____	_____
Approved/Post to waiting list	___ / ___ / ____	_____
Notification of Preliminary Training	___ / ___ / ____	_____
Completed Required Prelim Training	___ / ___ / ____	_____
Accepted as Probationary Member	___ / ___ / ____	_____
Accepted as a Regular Member	___ / ___ / ____	_____