

**Application for Employment and Membership
SHERMAN VOLUNTEER FIRE DEPARTMENT**

This application must be completed and returned within the specified timeline.

Type of Membership requested Circle one: **EMS ONLY / FIRE ONLY / FIRE & EMS**

Date: _____

Length of time as a resident of Sherman or Sherman Fire District: _____

Name: _____

Last

First

Middle

Address: _____

Street and/or P.O. Box

City

State

Zip

Phone Number: (Cell) (Work)

Date of Birth: / /

Social Security Number: - -

Valid Driver's License (Circle One) YES NO Driver's License Number _____

Proof of Insurance Attached YES or NO (circle one)

Name, Address, Phone Number of Present Employer: _____

List any known medical allergies/conditions: _____

Fire Departments you have volunteered with: _____

EMR &/or Fire Fighting Experience: _____

Certified Training: _____

Have you ever been convicted of a criminal offense? (circle one) YES NO

If yes explain each conviction below:

List three (3) personal references on the back of this page. Include names, addresses and phone numbers.

I understand that there will be a one (1) year probationary period for the Sherman Volunteer Fire Department's personnel Committee and other members of the department to evaluate my interest and ability. I have read and agree to abide by the Sherman Volunteer Fire Department's *Constitution and By-Laws and Rules, Policies, and Information for Members.*

Signature: _____

This application form is deemed complete:

Signature of Personnel Committee Member

Date