

Date: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____
(Home) (Work)

Email: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: (Please Check) Single: _____ Married: _____ Widowed: _____

Spouse's Name: _____

Own Home: _____ Rent Home: _____ Vehicle: _____
(Year) (Make) (Model)

Auto Insurance Company: _____

	Name & Location	Years Attended	Graduation Date
Elementary:			
High School:			
Other:			

*****YOU WILL NEED TO HAVE A COPY OF YOUR DIPLOMA OR G.E.D.*****

FLORENCE TOWNSHIP FIRE DEPARTMENT

Previous Fire Training: _____

Special Skills: _____

Military Service: _____ Highest Rank: _____

Civic, Athletic, Fraternal Activities: _____

Hobbies: _____

Present Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Referred By: _____

“The basic duties and responsibilities of a firefighter have been explained to me. I will accept these responsibilities and endeavor to do my best as a firefighter and uphold the dignity and efficiency of the department if I am accepted as a member of the Florence Township Fire Department. My signature also gives permission for a personal and driving background check to be completed by Florence Township.”

Signature of Applicant

This application must be witnessed and signed by one of the following who is related accordingly to the applicant:

Spouse, if the applicant is married

Parent or legal guardian, if applicant is under twenty-one (21) years of age

“I understand the intent of this application and hereby consent to the application for membership to the Florence Township Fire Department.”

Signature / Relationship

FLORENCE TOWNSHIP FIRE DEPARTMENT

FOR DEPARTMENT USE

Date Application Submitted: _____

Copy of Diploma or G.E.D. – Date Received: _____ Verified By: _____

Physical Exam – Date Completed: _____ Verified By: _____

Personal Background Check – Date: _____ Verified By: _____

Driving Background Check – Date: _____ Verified By: _____

Reference Committee Interview – Date Completed: _____

Application Approved: _____

Application Not Approved: _____

Date of Review: _____

Reference Committee

Date of Review: _____

Chief of Department