

MANASSAS VOLUNTEER FIRE COMPANY, Inc.

9322 CENTREVILLE ROAD, MANASSAS VA 20110

FIREFIGHTER MEMBERSHIP APPLICATION

DATE:				
	PERSONAL IN	NFORMATION		
NAME:				
LAST	FIRST	MIDDLE		SUFFIX
ADDRESS:				
NUMBER	STREET	CITY	STATE	ZIP
HOME PHONE #:		WORK #:		
CELL#:	EMAIL ADDRESS:			
DOB:	CITIZENSHI	P:		
DRIVER'S LICENSE #:	STATE:	CL#	ASS:	
HEIGHT:	WEIGHT:	SEX: MALE	FEMALE□ BLOO	D TYPE:
HAIR COLOR:	EYE	COLOR:		
	EDUC	ATION		
HIGH SCHOOL ATTENDED:				
GRADUATED: □YES □ NO	GED? □YES □ NO	DATE:		
COLLEGE ATTENDED:				
DEGREE CERTIFICATE OR CRED	NTS AMARDED.			

MEDICAL INFORMATION

Use additional pages if needed

TREA	TMENT OF SUCH AILMENT? YES NO) IF YES, PLEASE EXPLAIN:			
	EMERGI	ENCY CONTACT INFORMATION			
EME	RGENCY CONTACT:	RELATIONSHIP:	IONSHIP:		
ADDI	RESS:	PHONE:	(H, W OR C		
1		Start with most recent			
1	ADDRESS:	PHONE:			
		DATES WORKED			
2	EMPLOYER:	PHONE:			
	ADDRESS:				
	TYPE OF WORK:	DATES WORKED	то		
	REASON FOR LEAVING:				
3	EMPLOYER:	PHONE:			
	ADDRESS:				
	TYPE OF WORK:	DATES WORKED	то		
		GENCY SERVICES EXPERIENCE	- Flue		
		E OF ANOTHER FIRE RESCUE ORGANIZATION: ☐YES			
F YE	S, WHERE?				
		JSED MEMBERSHIP IN ANOTHER FIRE/RESCUE ORG.			

LIST ANY FIRE/RESCUE EMERGENCY MEDICAL TRAINING YOU POSSESS WHICH MIGHT MAKE YOU A MORE VALUABLE N THIS COMPANY:	MEMBER OF			
LIST ANY VIRGINIA FIRE/RESCUE CERTIFICATION(S) AND DATES OF EXPIRATION (PLEASE ATTACH COPIES TO APPLICATION):				
BACKGROUND INFORMATION				
DO YOU HAVE ANY OBJECTION TO THE MANASSSAS VOLUNTEER FIRE COMPANY, INC. CHECKING WITH PRESENT AND EMPLOYERS AS TO YOUR CHARACTER AND QUALIFICATIONS? \square YES \square NO	FORMER			
SEPARATED FROM THE ARMED FORCES, WAS SEPARATION UNDER OTHER THAN HONORABLE CIRCUMSTANCES? □YES □ NO				
PRIOR TO SUBMISSION OF THIS APPLICATION, WERE ANY OF THE MEMBERS OF THIS FIRE COMPANY PERSONALLY KNO \square YES \square NO $_$	OWN TO YOU?			
HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? □YES □ NO				
HAVE YOU EVER BEEN ARRESTED FOR ANY VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? □YES □NO				
IF YES, EXPLAIN IN DETAIL, USING ADDITIONAL SHEETS AS NEEDED:				
DO YOU REALIZE?				
THAT, IF YOU ARE ELECTED TO THE MANASSAS VOLUNTEER FIRE COMPANY, INC., IT WILL BE ON ONE (1) YEAR TRIAL B WICH TIME THE LINE OFFICERS OF THE COMPANY WILL MAKE A RECOMMENDATION TO THE MEMBERSHIP WHO WILL PERMANENT MEMBERSHIP IN THE COMPANY?				
THAT, IF ELECTED TO PROBABTIONARY MEMBERSHIP, YOU SHALL BE EXPECTED TO COMPLY WITH ALL OF THE BY-LAW COMPANY OR RISK LOSS OF MEMBERSHIP?	S OF THE			
YOUR ATTENDANCE WILL BE REQUIRED AT FIRE COMPANY ACITIVITIES, RESULTING IN CONSIDERABLE DEMANDS UPON YOUR				
THAT BEING A MEMBER DOES NOT GIVE YOU ANY SPECIAL PRIVILEGES WITH RESPECT TO OBEYING ALL SPEED LIMITS, SIGNALS/DEVICES WHEN ANSWERING FIRE CALLS?	TRAFFIC □YES □NO			
THAT YOU SHALL BE EXPECTED TO COMPLETE (AT COMPANY EXPENSE) A PHYSICAL EXAMINATION BEFORE BEING VOT PROBATIONARY MEMBERSHIP?	ED FOR □YES □NO			
THAT ALL MEMBERS ARE EXPECTED TO REGULARLY ATTEND SCHEDULED DRILLS?	□YES □NO			
THAT NO MEMBER OF THE COMPANY SHALL APPEAR AT A COMPANY MEETING, REPORT FOR DUTY OR RESPOND ON ANY CALL WHILE UNDER THE INFLUENCE OR ALCOHOL OR DRUGS, NOR SHALL A MEMBER USE INSULTING, INDECENT OR OTHERWISE MPROPER LANGUAGE WHILE REPRESENTING THE COMPANY IN ANY CAPACITY OR PARTICIPATING IN ANY COMPANY FUNCTION INDER PENTALY OF EXPULSION?				

CAREFULLY READ & SIGN THE FOLLOWING STATEMENTS:						
I,	, AUTHORIZE THE MANASSAS VOLUNTEER FIRE COMPANY, INC. TO					
MAKE A COMPLETE BACKGROUND CHECK ON ME, INCLUD	NG DRIVING RECORD, CREDIT CHECK AND POLICE RECORD.					
SIGNATURE:	DATE:					
MEDICA	L INVESTIGATION					
I, , Al	, AUTHORIZE THE MANASSAS VOLUNTEER FIRE COMPANY INC TO INCLUDE A					
	SICAL EXAMINATION AND ALL RESULTS OF THIS EXAMINATION TO BE					
SIGNATURE:	DATE:					
ENTIRETY AND THAT THE INFORMATION HEREIN IS TRUE A SHOULD ANY STATEMENT I MAKE PROVE FALSE, MISLEADI APPLICATION OR IN MY DISCHARGE FROM THE COMPANY.	, CERTIFY I HAVE READ AND FULLY UNDERSTAND THIS FORM IN IT: ND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, NG OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY UPON RESIGNATION OR TERMINATION OF MY MEMBERSHIP, I AGREE TO BUT NOT LIMITED TO RADIOS, PROTECTIVE GEAR, UNIFORMS,					
SIGNATURE:	DATE:					
MEMBERS	HIP COMMITTEE USE ONLY					
DATE OF INITIAL INTERVIEW:	BY:					
DATE PRESENTED TO COMPANY:(PRE BACKGROUND CHECK)	BY:					
DATE BACKGROUND RESPONSE RECEIVED:	BY:					
DATE PRESENTED TO COMPANY:(POST BACKGROUND CHECK)	BY:					
COMPANY VOT	E APPROVED: YES or NO					
DATE APPLICANT NOTIFIED OF COMPANY VOTE:	BY:					
DATE ENTERED INTO EMSESCHEDULE:	BY:					
NOTIFIED VIA:	(CERTIFIED MAIL, EMAIL, VERBIAL)					
DATE APPLICANT GIVEN WELCOME PACKAGE:						
cc						

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