

MIDDLETOWN FIRE COMPANY NO. 1 APPLICATION

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III EXPERIENCE

Are you now or have you ever been a member of another fire company?

Yes _____ No _____ If yes list: _____

Name of Company: _____ Chief: _____

Phone Number: _____ Offices held: _____

Any training: _____

Type of Membership -- Active: _____ Support: _____

Do you have any special training or skills? Yes _____ No _____

If yes explain: _____

IV I GIVE MY PERMISSION TO THE MIDDLETOWN FIRE COMPANY NO. 1 TO INVESTIGATE MY BACKGROUND IN CONNECTION WITH MY APPLICATION FOR MEMBERSHIP. I UNDERSTAND THAT THE FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR MY DISMISSAL FROM THE COMPANY.

Signature: _____ Date: _____

Parents signature if under 18: _____ Date: _____

Relief Association death beneficiary (i.e. spouse, parent, etc.)

Name: _____ Relation: _____ Date: _____

V RECOMMENDATION (IF APPLICABLE)

Recommended by: _____ Years known: _____

DO NOT WRITE BELOW THIS LINE—ADMINISTRATIVE USE ONLY

Investigating Committee Members:

1. _____

2. _____

3. _____

Approved: Yes _____ No _____

Remarks:

Company Action: Applicant accepted: Yes _____ No _____ Date: _____