

## Towanda Community Fire Protection District Member Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (print) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Regular work hours \_\_\_\_\_ Regular days off \_\_\_\_\_

Previous Emergency Services Experience \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Single Married Name of Spouse \_\_\_\_\_

Do you live or work in the Towanda Fire Protection District Yes No

Height \_\_\_\_ft.\_\_\_\_in. Weight \_\_\_\_lbs. Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of last physical examination \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you under a doctor's care? Yes No

If yes explain \_\_\_\_\_

Are you currently taking any forms of medication? \_\_\_\_\_

Have you, during the last 5 years, been confined to a Hospital Sanitarium Mental Institution

If yes, list the illness or physical conditions requiring confinement and dates of confinement \_\_\_\_\_

Describe any physical limitation that you feel should be considered in joining the Towanda Fire Department \_\_\_\_\_

Current Drivers License \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Have you been involved in motor vehicle accidents within the last two years? \_\_\_\_\_

If yes, date(s) and location(s) \_\_\_\_\_

Any moving traffic violations within the last 5 years? \_\_\_\_\_

If yes, date(s) and location(s) \_\_\_\_\_

I authorize a background check \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

I am aware that extra training is required \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature