



Burnsville Fire Department



Application for Membership

Name: _____ **Social Security Number:** _____

Address: _____ **Phone Number:** _____

Spouse Name: _____ **Phone Number:** _____

In Case of Emergency: _____ **Phone Number:** _____

Employer: _____ **Occupation:** _____

Business Address: _____ **Phone Number:** _____

Age: _____ **Birth Date:** _____ **Sex:** _____ **Race:** _____

Height: _____ **Weight:** _____ **Physical Disabilities:** _____

Blood Type: _____ **Family Doctor:** _____

Date of Last Physical Exam: _____ **Results:** _____

Drivers License Number: _____

Hobbies: _____

Skills: _____

Previous Firefighting Training and Experience: _____

Phobias: _____

Why do you desire to be a Fire Fighter: _____

I _____ hereby make application for membership in the Burnsville Fire Department. I have read and now have in my possession a copy of the by-laws of the Burnsville Fire Department and I agree to abide by these if I am voted into the department.

Recommended by: _____

Applicant Signature: _____

Date Submitted: _____