



# 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:** \_\_\_\_\_