MASCOUTAH FIRE DEPARTMENT

Application for Membership

General Information

Name: _____ Date of Birth: _____ Age: _____ Date: _____

Address: _____

Street City State Zip

Phone # _____ Drivers License # _____

Work and Education Information

Employer Name and address _____

Street City State Zip

Occupation: Working Hours:

Circle last year of school attended: 12 13 14 15 16 Other:

Previous fire-fighting Experience:

Name of Department City State Rank Attained

List any special skills:

Background History Check

Have you ever been convicted of a Felony? (If yes, please explain below)

YES	NO

I hereby give my permission to the Mascoutah Fire Department to conduct a background check for the sole purpose of determining my suitability for joining the Mascoutah Fire Department. Any and all information from the background check will be kept confidential. The information given on this application is true. Any false or misrepresented information is grounds for termination from the Mascoutah Fire Department.

Signature: _____ Date: _____

FOR FIREBOARD USE ONLY

Date Received by Fire Department:

Background check results Acceptable

YES	NO

Date Applicant was selected to be a Candidate by the Fireboard

Date Candidate was selected to be Firefighter by the Fireboard

Comments: