



Pentwater Fire Department

Application for Membership

Date: _____

Name: _____

Address: _____

City: _____

Telephone: _____

DOB: _____

Social Security #: _____

Sex: _____

Driver's License #: _____

Marital Status: _____

Spouse Name: _____

Emergency Contact: _____

Emergency Phone: _____

Do you have any felony convictions? If so, please list.

Do you have any firefighting training or experience? If so, please list:

Do you have any known medical conditions?

Why do you want to join the Pentwater Fire Department?

Maintaining your membership on Pentwater Fire Department will require you to attend monthly training sessions, annual re-certifications, and miscellaneous classes for other certifications. Are you willing to make time to attend montly training, annual re-certifications, and miscellaneous classes?

Yes No

I certify that the information I have provided above is true to the best of my knowledge. I understand that falsifying information on this application could lead to disqualification of my application or termination of my employment with Pentwater Fire Department.

Signature: _____

Date: _____

Department Use Only

Date Received: _____

Date Voted: _____

Accepted/Rejected _____