



SOUTH PEKIN FIRE DEPARTMENT MEMBERSHIP APPLICATION

Section 1 – Personal Information

Last Name	First	Middle	Date of Birth	Email	
Street Address	City	State	Zip	Home Phone	Cell Phone
Last 4 Digits of SS#	Driver's License Number, State, Class				

Have you applied to the South Pekin Fire Department before? YES NO If yes, when: _____

Do you have military experience? YES NO
If yes, list branch and dates of service:

Have you ever been arrested or do you have a criminal record? YES NO
If yes, please explain:

Are your driving privileges revoked or have they ever been revoked? YES NO
If yes, please explain:

Any physical limitations which would restrict your ability to perform firefighter duties? YES NO
If yes, please explain:

Section 2 – Work Experience

Current or Most Recent:

Employer	Address	City	State	Zip
Name of Supervisor	Phone	From _____ To _____ Dates Employed	Position/Job Title	
Work Hours	Reason for Leaving			

Prior Employment:

Employer	Address	City	State	Zip
Name of Supervisor	Phone	From _____ To _____ Dates Employed	Position/Job Title	
Work Hours	Reason for Leaving			

Section 3 – Education

High School	Location		Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
College/University	Major or Emphasis	_____ to _____	Degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Years Attended			
Trade School	Major or Emphasis	_____ to _____	Degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Years Attended			
Other	Major or Emphasis	_____ to _____	Degree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Years Attended			

Section 4 – Fire/EMS License & Certifications

List any special license or certifications you currently hold:

Expiration Dates:

1. _____	_____
2. _____	_____
3. _____	_____

Have you worked for another Paid or Volunteer Fire or EMS agency before? YES NO
 If yes, please list:

Agency Name	_____ to _____	Reason For Leaving
	Dates Employed	
Agency Name	_____ to _____	Reason For Leaving
	Dates Employed	

Section 5 – Personal References

List three references that are not related to you:

Name	Name	Name
Address	Address	Address
Phone	Years Known	Phone
		Years Known

Section 6 – Disclaimers

I certify that the information presented on this application is true and complete to the best of my knowledge and ability. And I understand that any misrepresentation, false statement, or omission made by me with respect to the information contained in this application or subsequent examinations shall be sufficient cause to terminate my membership at any time or to deny my acceptance. YES NO

I provide my authorization to conduct a background investigation prior to my membership which may include contacting previous employers, references, schools, law enforcement agencies, and other references as the department sees fit. YES NO

I understand that, should I be accepted as a member of the South Pekin Fire Department and later have my membership terminated (either by myself or by the department), I am required to turn in any and all equipment/clothing issued to me by the department within 14 days. I also understand that I could face potential civil or criminal action should I not return the equipment/clothing within the allotted time. YES NO

Signature	Printed Name	Date
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