



Mid-County Fire Protection District

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Mid-County Fire Protection District Membership Application

Name:

Date of Application:

Date Received:

Assignment:

MID-COUNTY FIRE PROTECTION DISTRICT

PO Box 1438 • Camdenton, MO 65020

(573) 346-2049

PERSONAL INFORMATION

Name _____ Date of Birth _____
(Last) (First) (M.I.)

Address _____
(Street) (City) (State) (Zip)

Years at present address? _____ If less than 2 years at present address, list previous address:

(Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____

Single _____ Married _____ Spouses Name _____

Spouses Employer _____
(Name) (Phone)

Drivers License Number _____ State _____ Date of Expiration _____

Have you ever received a moving traffic violation? Yes _____ No _____

If so, please explain _____

Have you ever been convicted of a criminal offense? _____

If so, please explain _____

Do you own a vehicle? Yes _____ No _____
(Year) (Make) (Model) (Condition)

Automobile Insurance Carrier _____
(Company) (Agent) (Coverage/limits of liability)

EDUCATION

Circle the highest grade completed: 6 7 8 9 10 11 12 13 14 15 16

HIGH SCHOOL	VOCATION/TRADE SCHOOL	COLLEGE/UNIVERSITY
NAME:		
CITY/STATE:		
YEAR GRADUATED:		

MILITARY

BRANCH:	HIGHEST RANK:	DATES:	OCCUPATION:	TYPE OF DISCHARGE:

HEALTH

Height _____ Weight _____ Condition of Health _____

Have you ever been treated for medical problems involving: (check) _____ Back _____ Heart _____ Respiratory _____

Have you been treated by a physician for any condition in the past three years? Yes _____ No _____

If yes, please describe _____

Have you been hospitalized in the past three years? Yes _____ No _____

If yes, please describe _____

In your opinion, do you have any condition (physical or mental) that may adversely affect your performance as a fire fighter in any way? Yes _____ No _____

If yes, please describe _____

Have you had a complete physical within the past 2 years? Yes _____ No _____

Family Physician _____
(Name) (Address) (Phone#)**REFERENCES**

Three local references you have known for at least two years. Do not list relatives or former employers.

NAME/ADDRESS	DAY PHONE/EVENING PHONE	HOW LONG HAVE YOU KNOWN?

ADDITIONAL INFORMATION

How did you learn of the Mid-County Fire Protection District? _____

Why do you wish to become a member of this organization and why do you feel you would be an asset to the organization? _____

CONSENT/SIGNATURE

I testify that all information contained within this application is true to the best of my knowledge. I understand that the Mid-County Fire Protection District will verify all information contained within this application and perform the following reference checks: drivers license record check and criminal background check.

Applicant Signature _____

Please attach a copy of your driver's license, high school diploma or GED and verification of auto insurance to this application.