

DALLAS FIRE & AMBULANCE, INC.
MEMBERSHIP APPLICATION

APPLICATION FOR: FIRE ___ AMBULANCE ___ BOTH ___ * JUNIOR ___ (AGES 14 TO 17)

PERSONAL DATA:

Name: (Last) _____ (First) _____ (Middle) _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Phone: _____ Work: _____ Cell: _____

Date of Birth: ___/___/___ Height: _____ Weight: : _____

Occupation: _____ Social Security Number: ___/___/___

Employer: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

DRIVER QUALIFICATIONS:

State of Issuance: _____ License Number _____

Expiration Date: ___/___/___ Class _____ Restrictions _____

Has your driver's license, permit, or privilege to operate a motor vehicle been suspended or revoked during the past 3 years?

Yes _____ No _____

Have you ever been *arrested* and/or *convicted* of a criminal or motor violations? Yes _____ No _____

If yes to either question, please explain: (use separate sheet if necessary)

(This information will be used to investigate your driving record for the preceding three (3) years.)

Experience:

Have you ever been a member of a fire department, rescue squad or similar organization? Yes _____ No _____

Name of Organization: _____

Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Position(s) held: _____

Reason for leaving: _____

