

City of Frazee

Frazee Fire Department

P.O Box 413

Frazee, MN 56544

Application for Membership

Date _____

Last Name: _____ First : _____ MI: _____

Present Address: _____ City : _____

Telephone # _____ Work : _____ Cell: _____

Social Security : _____ Driver License # _____ Class _____

Do you have any truck driving experience: _____ What Type: _____

Place of employment: _____ City: _____

What hours: _____ Type of Work: _____

Do you have permission from your employer to respond to calls during work hours? _____

Employer Name: _____ Signature: _____

If no, which hours are you *unable* to respond and reason? _____

Is your spouse or significant other agreeable to your joining the Frazee Fire Department? _____

Are you bothered by height or claustrophobia? _____ Do you have any physical, mental, or medical

impairments or disabilities, which would prevent you from being an active member of the Frazee Fire

Department: _____ If yes, explain: _____

Have you ever injured your back? _____ If yes, explain: _____

Do you have any present commitments that would prevent you from becoming an active member of the

Department: _____ If yes, explain: _____

Please list any skills or abilities you feel would complement the Frazee Fire Department.

I HEREBY CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY APPLY FOR MEMBERSHIP WITH THE FRAZEE FIRE DEPARTMENT AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THIS ORGANIZATION.

Signature of Applicant: _____ Date: _____

Recommended By: _____