

APPLICATION FOR MEMBERSHIP

CITY OF FRAZEE
Frazee Fire Department
P.O Box 413
Frazee, MN 56544

Date: _____

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____

Telephone #: _____ Work: _____ Cell: _____

Social Security #: _____ Driver License #: _____ Class: _____

Do you have any truck driving experience: ☐ Y / ☐ N 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? ☐ Y / ☐ N

Employer Name: _____ Employer's Signature: _____

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

Is your spouse or significant other agreeable to your joining the Frazee Fire Department? ☐ Y / ☐ N

Are you bothered by height ☐ Y / ☐ N or claustrophobia? ☐ Y / ☐ N

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? ☐ Y / ☐ N If yes, explain: _____

Have you ever injured your back? ☐ Y / ☐ N If yes, explain: _____

Do you have any present commitments that would prevent you from becoming an active member of the Department: ☐ Y / ☐ N If yes, please 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: _____