



## Bunnell Fire/Rescue Membership Application

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager/Other: \_\_\_\_\_

US Citizen: YES NO Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Other Skills: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Circle highest level of schooling completed:            9 10 11 12 13 14 15 16

High School \_\_\_\_\_ City: \_\_\_\_\_

College/Trade School: \_\_\_\_\_ City: \_\_\_\_\_

US Military Veteran: YES NO Branch: \_\_\_\_\_ Grade at separation: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Personal References**

1) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have you been a member of a Fire Department before? YES NO

If yes, name of Department: \_\_\_\_\_

Address: \_\_\_\_\_

Years as a member: \_\_\_\_\_ Highest rank held: \_\_\_\_\_

Fire Service Training \_\_\_\_\_

I do hereby testify that all of the information contained herein is true and correct to the best of my knowledge. I also authorize the City of Bunnell to do a personal background investigation for the purpose of membership screening.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Copies of Drivers License, Diploma, DD-214, and documents of any relevant training should also be submitted, along with completed medical questionnaire and background investigation form.

**Medical Questionnaire**

Eyesight:

NORMAL      GLASSES      CONTACTS

How long? \_\_\_\_\_

Hearing:

NORMAL      HEARING AID

How long? \_\_\_\_\_

Have you or anyone in your family ever had any of the following? (Circle all that apply)

- |                   |                 |                      |                         |                  |
|-------------------|-----------------|----------------------|-------------------------|------------------|
| Allergies         | Anemia          | Arthritis            | Asthma                  | Blood Disease    |
| Blurred Vision    | Bursitis        | Cancer               | Cardiovascular Problems |                  |
| Diabetes          | Fainting Spells | Hair Loss            | Hay Fever               | Hearing Problems |
| Inner Ear Problem |                 | Respiratory Problems |                         | Seizures         |
| Sinus Problem     | Skin Disorder   |                      |                         |                  |

# Personal Inquiry Waiver

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish the Bunnell Police Department, Bunnell Fire Department or its assignees any and all information that you may have concerning my work record, school record, military record, reputation and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, including Photostats of same if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Bunnell Volunteer Fire Department,

I hereby release you, your organization or others from any liability or damage, which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Drivers license Number ( Include State)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Affidavit

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore:

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public