

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize the Village of Choudrant to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the Village of Choudrant will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the village's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature

Date

Name (Printed)

APPLICATION FOR MEMBERSHIP
CHOUDRANT VOLUNTEER FIRE DEPARTMENT

Date: _____

SS#: _____

Name: _____

Birth Place: _____ Date of Birth: _____ Age: _____

Present Address: _____
(Number and street) (How long)

Email: _____ Cell Phone: _____ Home Phone: _____

Employer's Name: _____

Length of Employment: _____

Does your employer support your applying for membership? _____

List three-character references, outside family and Choudrant Fire Department: _____

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

Highest grade of education: _____

Are you a legal citizen of the United States? _____

Evening hours? Do you work day time hours? _____

Weekends? Late night hours? _____

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List all addresses in the previous five years (most recent first):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Have you been convicted of any violations of the law other than parking violations?
If yes, complete the following: No Yes

<i>Violation Date</i>	<i>Place</i>	<i>Court Disposition</i>
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Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

List any special training you feel would be advantageous to the fire service:

Of all the volunteer services within the Choudrant / Ruston area, why do you want to volunteer your time and services to the Choudrant Volunteer Fire Department?

Do you belong to other volunteer organizations? If so, please list and briefly describe them:

I understand that if I should be accepted as a member of the Choudrant Volunteer Fire Department, I will uphold the policies and procedures of this department. I also agree to participate fully in all activities associated with the fire department. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Choudrant Volunteer Fire Department.

(Signature of Applicant)

(Date)