



LAUREL FIRE DEPARTMENT INC.

205 West Tenth Street • Laurel, DE 19956

Phone: (302) 875-3081 • (302) 875-5666

Fax: (302) 875-1981

www.LaurelFireDept.com

APPLICATION FOR MEMBERSHIP

1. To apply for Candidate Membership you must be 18 years of age or older as of the date of application. You must provide a valid Delaware drivers license.
2. All applicants must understand that all appointments to Candidate Membership are probationary for a period of 12 months. During these 12 months you must demonstrate your fitness for membership as outlined in the Department By-Laws.
3. You must also understand that your Candidate Membership is contingent upon the results of a complete background investigation. The willful withholding of information or making false statements will constitute grounds for your immediate dismissal.
4. All applicants must agree to these terms and certify that all statements are true to the best of their knowledge. Your full signature (First, Middle, and Last Name) on this application indicates such an agreement.
5. Physical examination, a copy of your driving record and criminal background check will be required ~~AFTER~~ an interview has been completed with the Laurel Fire Department, Inc. Membership Committee.
6. **APPLICATIONS SHALL BE MAILED TO OR DELIVERED TO:**

Laurel Fire Department, Inc.
Attn: Membership Committee
205 W 10th Street
Laurel, DE 19956

7. Please read carefully and then type or print your responses on the application.

Retain this page for your records



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Please read carefully and answer all the questions.

A PERSONAL HISTORY

FULL NAME:

_____ FIRST _____ MIDDLE _____ LAST

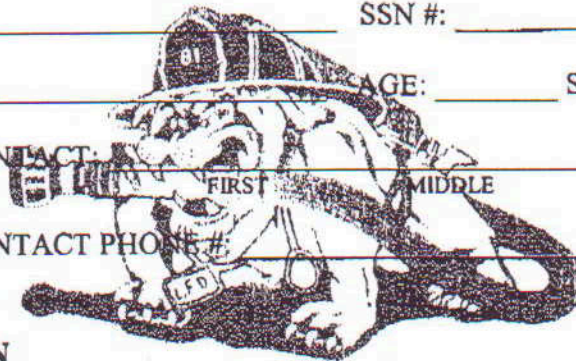
CURRENT ADDRESS: _____

HOME PHONE #: _____ SSN #: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

EMERGENCY CONTACT: _____
_____ FIRST _____ MIDDLE _____ LAST

EMERGENCY CONTACT PHONE #: _____



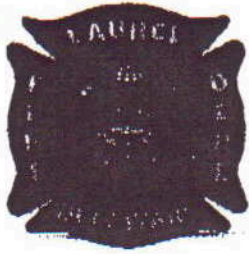
B EDUCATION

SCHOOL LOCATION DATE GRADUATED

HIGH SCHOOL: _____

COLLEGE: _____

SPECIALTY: _____



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C EMPLOYMENT

NAME OF CURRENT EMPLOYER: _____

ADDRESS: _____

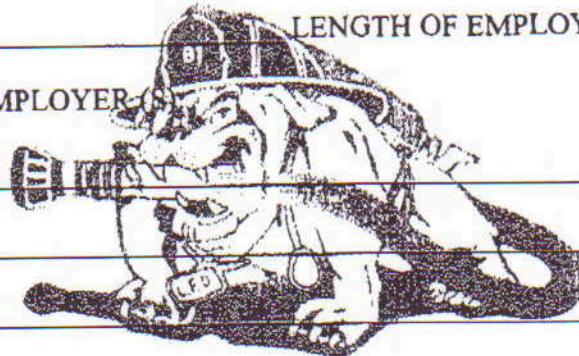
TELEPHONE #: _____

TYPE OF BUSINESS: _____

SUPERVISOR: _____

POSITION HELD: _____ LENGTH OF EMPLOYMENT: _____

LIST OF PRIOR EMPLOYER(S) _____



D DRIVING RECORD

ARE YOU A LICENSED DRIVER? YES OR NO

STATE: _____ LICENSE CLASS: _____ LICENSE #: _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS?

YES OR NO

IF YES, PLEASE EXPLAIN: _____



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E PREVIOUS FIRE / EMS EXPERIENCE

INDICATE WHICH AREA YOU ARE INTERESTED IN:

FIREFIGHTER _____ EMS _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE, EMS, OR OTHER EMERGENCY SERVICE ORGANIZATION? **YES OR NO**

IF SO, PROVIDE THE ORGANIZATION (S) NAME, ADDRESS, TELEPHONE NUMBER. ALSO PROVIDE DATES OF MEMBERSHIP AND OFFICES HELD (IF APPLICABLE).



PLEASE PROVIDE (AT THE TIME OF YOUR INTERVIEW) A WRITTEN LETTER OF RECOMMENDATION FROM AN OFFICER OR ANY ORGANIZATION NAMED ABOVE.

HAVE YOU EVER BEEN DENIED MEMBERSHIP TO ANY FIRE, RESCUE, OR EMERGENCY ORGANIZATION? **YES OR NO**

IF YES, NAME OF ORGANIZATION AND REASON.

HAVE YOU EVER HAD FIRE, RESCUE, OR EMS TRAINING? **YES OR NO**

IF SO, PLEASE PROVIDE DOCUMENTATION.



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DO YOU HAVE ANY SPECIAL SKILLS OR ABILITIES FOR MEMBERSHIP THAT YOU FEEL COULD BENEFIT THE LAUREL FIRE DEPARTMENT, INC.?

HAVE YOU EVER BEEN A MEMBER OR APPLIED FOR MEMBERSHIP WITH THE LAUREL FIRE DEPARTMENT, INC.? **YES OR NO**

IF YES, PLEASE EXPLAIN: _____

F REFERENCES

LIST 3 PEOPLE, NOT RELATIVES, WHO ARE FAMILIAR WITH YOU AND HAVE KNOWN YOU FOR AT LEAST 5 YEARS



NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____



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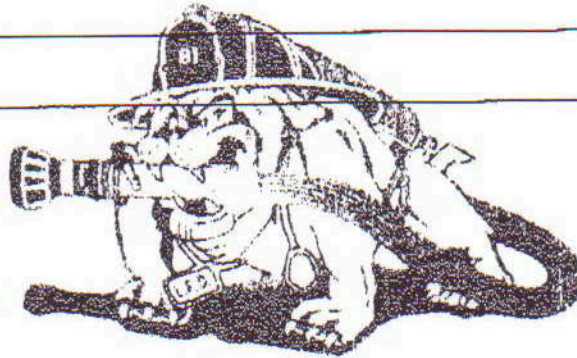
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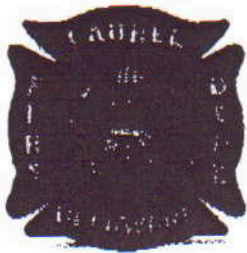
NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

LIST ANY MEMBERS OF THE LAUREL FIRE DEPARTMENT THAT YOU KNOW:





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FOR ADMINISTRATIVE USE ONLY

	DATE
APPLICATION SUBMITTED	_____
PHYSICAL EXAMINATION	_____
COPY OF DRIVERS LICENSE	_____
COPY OF DRIVING RECORD	_____
BACKGROUND INVESTIGATION	_____
INTERVIEW BY MEMBERSHIP COMMITTEE	_____
COPY OF BY LAWS DEPARTMENT SOG'S ISSUED BY: _____	_____



WE THE MEMBERSHIP COMMITTEE RECOMMEND THAT THIS APPLICANT BE APPROVED FOR MEMBERSHIP AS A CANDIDATE.

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

NAME: _____ DATE: _____

	DATE
APPROVED FOR MEMBERSHIP	_____
APPROVED FOR FULL MEMBERSHIP	_____