



Harrisville Fire District

Harrisville Fire Department

201 Callahan School St.

Harrisville Hose Co. #1

Harrisville, RI 02830

Application for Call / Volunteer Membership

Date of Application: _____

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____

Date of Birth: _____ Driver's License #: _____ State/Class: _____

Home Phone: _____ Cell Phone: _____ Cell Carrier: _____

Social Security Number: _____ E-mail Address: _____

Educational History

Name

Degree

High School: _____

College / Vocational School: _____

Other Education: _____

Employment Information

Starting with the most recent, please list all current and / or previous employers

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Dates of employment: _____

Job Description: _____

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Dates of employment: _____

Job Description: _____

Employer: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Dates of employment: _____

Job Description: _____

Previous Firefighting / Emergency Medical Service Experience

Organization Name: _____ Date: _____ Rank: _____

Phone Number: _____ Supervisor Name: _____

Organization Name: _____ Date: _____ Rank: _____

Phone Number: _____ Supervisor Name: _____

Organization Name: _____ Date: _____ Rank: _____

Phone Number: _____ Supervisor Name: _____

Outside Activities

Professional Memberships, Licenses, and Certifications: _____

Civic / Cultural Activities: _____

Military Experience: _____

Hobbies: _____

References

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Name: _____ Address: _____

Phone Number: _____ Relationship: _____

Please state your reason(s) for applying to this department.

How were you referred to the department?

a. Current Member

b. Web Site

c. Walk In

d. Other firefighter

e. Other: _____

**Are you willing to submit to a physical examination by a physician, as designated
by the Harrisville Fire District?**

Yes

No

Medical Coverage

I, _____, understand that medical coverage carried by the
Harrisville Fire District will not cover any pre-existing medical conditions.

Signature: _____ Date: _____

Witness: _____ Date: _____

Have you ever been convicted of a felony? Yes No

(If yes, please attach a sheet detailing the incident, including the state or country of conviction)

Authorization for Background Investigation

I, _____, an applicant to the Harrisville Fire Department / Harrisville Hose
Company # 1, hereby authorize the release of any information that the department may request
concerning my medical, criminal, employment, military, or scholastic records. I also understand that I
may revoke this consent at any time. All information obtained in this background investigation will be held
in the strictest confidence. Any organization or individual presented with this authorization is asked to
cooperate fully with the department's investigation.

Application Disclaimer and Acknowledgement

I hereby certify the answers and other information on this application are true and correct. I understand
any misrepresentation or omission of facts on my part will be justification for rejection or termination

Signature: _____ Date: _____

Equal Opportunity Agency

This is an equal opportunity agency and therefore it does not and will not discriminate based upon race, religion,
national origin, gender, age, handicap, marital status, or sexual orientation. Information provided on this application
will not be used for any discriminatory purpose

For Office Use Only

Date Issued: _____

Issued By: _____

Date Received: _____

Received By: _____

Membership Committee

Signature of each Membership Committee member indicates his/her recommendation of the applicant for probationary status.

Chief of Department	Date
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President of the Hose Company	Date
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Member-At-Large	Date
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Updated: October 2018