



Abbeville County Fire Department



APPLICATION FOR MEMBERSHIP (Please Print)

Date _____ Application For _____ Fire Dept.

Full Name _____ Phone Number _____

Address _____

Social Security Number _____ Date of Birth _____

Drivers License Number _____ Married _____ Single _____

Have you ever been a member of a fire department? If yes, which one. _____

Have you ever been rejected for membership or suspended from a fire department? If yes, explain. _____

Have you ever been convicted of a crime (felony or misdemeanor)? If yes, explain. _____

Employer or school _____

Address _____

Medical history: Diabetes Heart Disease Lung Disorder Fracture/Dislocation Epilepsy Head Injury Surgery

Other: _____

(1) I understand that all equipment issued to me by the fire department will remain the property of the fire department. When I am no longer a member of the fire department, all equipment issued to me will be returned to the fire department.

(2) I agree to follow the By-Laws set forth by this fire department and the county fire commission. I understand that if elected to this fire department, I will serve under a six month probationary period. At the end of this probationary period my service to the fire department will be evaluated by the officers of this department. If elected to full membership, I will receive full rights as set forth in the department By-Laws.

(3) I also understand that I am expected to do my best to attend a basic firefighter course as required by O.S.H.A. when it is offered in this county.

(4) I do hereby authorize the fire Chief of this department, the county Fire Marshal, or their designee to conduct an investigation consisting of a criminal history check and a drivers history check of my background. I further give my permission for the local and state law enforcement agencies to release this information. I affirm that all parties involved are hereby released from any and all responsibility and liability for having released any record or disclosing any information within their possession.

The information above, to the best of my knowledge is true . _____

Applicant Signature

Date

Witness

Date

See reverse side for investigators report.

Membership: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Date _____
Chief _____