



# Denison Fire Department

## Application for Active Membership

Fire Department: 1214 1<sup>st</sup> Avenue North | Denison, Iowa 51442 | 712.263.2806  
City Hall: 111 North Main | Denison, Iowa 51442 | 712.263.3143

**Please print.**

### PERSONAL INFORMATION

\_\_\_\_\_  
Name in full (Last, First, Middle) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
List other names you have used \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Complete Address \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email Address \_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Working Hours

Can you leave your place of employment for calls if necessary?  Yes  No

Does your employer support your decision to join the department?  Yes  No

Where did you learn about joining the fire department?

\_\_\_\_\_

Does your family support your decision to join the department?  Yes  No

What activities or clubs do you take part in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DRIVING / CRIMINAL RECORDS

\_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
D.L. State \_\_\_\_\_  
What other states have you held a driver's license?

List all types of motorized vehicles you can operate, along with your proficiency level.

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted of any crimes other than traffic violations?  No  Yes (please list below)

\_\_\_\_\_

\_\_\_\_\_

**COMMITMENT TO DEPARTMENT**

Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting?  Yes  No

Are you willing to attend meetings, drills, calls, and special Events?  Yes  No

Are you willing to meet the attendance requirement?  Yes  No

Are you willing to meet the training requirement?  Yes  No

Please list training or certifications that you have.

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Please list any prior Fire and/or Rescue experience you have, including department, city, state, rank, and assignment.

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What knowledge can you provide the fire department?

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Why do you want to join the fire department?

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Do you authorize the fire chief to check your driving and criminal record?  Yes  No

Do you state that all the information listed on this application is accurate and correct?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date read at meeting: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Department Action: \_\_\_\_\_ Date: \_\_\_\_\_