



# Memphis Fire Department

Serving the City of Memphis  
Townships of Columbus, Richmond, Riley, and Wales

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ SOC. SEC # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_

If less than three years at present address give previous address below.

ADDRESS: \_\_\_\_\_ HOW LONG \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CHECK ONE:  SINGLE  ENGAGED  MARRIED  SEPARATED  DIVORCED

DO YOU OWN OR RENT AT YOUR CURRENT RESIDENCE?  OWN  RENT  OTHER

### PHYSICAL HISTORY

LIST BELOW ANY PHYSICAL LIMITATIONS ( EYESIGHT, LIMB IMPAIRMENT, DIABETES, ETC.)

HEALTH HISTORY: DO YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING?

YES	NO	YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTMA		NERVOUS STOMACH		HEAD OR SPINAL INJURIES	
KIDNEY DISEASE		RHEUMATIC FEVER		FAINTING, SEIZURES, FITS	
TUBERCULOSIS		MUSCLE DISORDER		LONG ILLNESS OR INJURY	
SYPHILIS		MENTAL DISORDER		ANY NERVOUS DISORDER	
GONORRHEA		HEART DISEASE		ANY OTHER DISEASE	
DIABETES		STOMACH DISORDER		ANY PERMANENT DISABILITY	

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN: (Use Back of This Form)

ARE YOU NOW OR HAVE YOU EVER BEEN ON WORKMEN'S COMPENSATION: \_\_\_\_\_ WHEN: \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPARTMENT?  YES  NO  
IF YES COMPLETE THIS LINE: DEPT. \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

IF YOU HAVE ANY MEDICAL TRAINING, EXPLAIN: \_\_\_\_\_

LIST ANY SPECIAL COURSES OR TRAINING THAT YOU HAVE THAT WOULD BE HELPFUL TO YOU AS A FIREFIGHTER:  
\_\_\_\_\_

HAVE YOU EVER DONE ANY OF THE FOLLOWING:

DRIVEN A LARGE TRUCK  YES  NO    DRIVEN AN AMBULANCE  YES  NO    OPERATED WATER PUMPS  YES  NO

(CONTINUED ON PAGE 2)

**DRIVERS LICENSE INFORMATION**

STATE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ SPEC. ENDORSEMENTS \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN SUSPENDED:  YES  NO

IF YES, EXPLAIN HERE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PH# \_\_\_\_\_

**APPLICANT AFFIDAVIT**

IT IS HEARBY AGREED AND UNDERSTOOD THAT ANY FALSE STATEMENTS GIVEN ON THIS APPLICATION WILL BE CONSIDERED AN ACT OF DISHONESTY AND WILL BE DEEMED AMPLE GROUNDS FOR DISAPPROVAL OF THIS APPLICATION.

BY SIGNING BELOW, THE SIGNEE CERTIFIES THAT ALL INFORMATION WAS GIVEN TO THE BEST KNOWLEDGE OF THE INDIVIDUAL AND THAT ALL INFORMATION GIVEN WAS TRUE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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**FOR DEPARTMENTAL USE ONLY**

APPLICANT ACCEPTED:  YES  NO

DATE OF ACCEPTANCE/REJECTION: \_\_\_\_\_

IF APPLICANT WAS REJECTED, GIVE REASONS. IF NECESSARY, USE A SEPARATE SHEET WHICH IS TO BE ATTACHED TO THIS FORM.

\_\_\_\_\_  
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