

## **Jefferson County Emergency Services District #3 China / Nome**

### **Application for Membership**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone#** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Employment Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver License #:** \_\_\_\_\_ **Class of DL:** \_\_\_\_\_

**Have you ever been a member of a Fire Department Before:** \_\_\_\_\_

**If Yes, What Fire Department?** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **City State:** \_\_\_\_\_

**Circle Education Level:** Grade \_\_\_\_\_ **High School Diploma** **GED**

**College:** \_\_\_\_\_

**I am applying for:** **Firefighter** **Medic** **Both**

### **In case of emergency whom would you like us to contact?**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Jefferson County ESD#3 is an equal opportunity organization.

Applicant will have 1st interview with ESD Fire Chief, District Fire Chief and Captain

Drug Screen will be submitted

Qualifications/Expectations-