



Ashland City Fire Department

An Equal Opportunity Employer

101 Court St., Ashland City, TN 37015

Phone: 615-792-4531 Fax: 615-792-7100

Volunteer Membership Application

Personal Information (Please print legibly)

Date of Application: _____

Name: _____ Date of Birth: _____

Social Security #: _____ - _____ - _____

Driver's License #: _____ Class: _____ State of Issue: _____ Exp. Date: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

E-Mail: _____

Emergency Contact: _____ Relationship: _____

Emergency Telephone: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of a criminal offense (misdemeanor or felony)? If yes, please explain:

What times would you be available for calls? Day _____ Night _____ Weekend _____

How did you find out about volunteering with the Ashland City Fire Department?

Education and Specialized Training

<u>Schools Attended</u>	<u>Name and Location of School</u>	<u>No. of Years</u>	<u>Graduate?</u>
High School	_____	_____	_____
College	_____	_____	_____
Trade, Business or Correspondence	_____	_____	_____

Do you currently hold certifications in any of the following fields? If yes, please list dates, certification numbers, and place or department of certification:

Fire Suppression: No ___ Yes _____

Rescue or Extrication: No ___ Yes _____

Emergency Medical: No ___ Yes _____

Hazardous Materials: No ___ Yes _____

Have you ever volunteered to work for Ashland City Fire Department or any other fire department? If so, list departments and dates you were a member?

Employment History

Below list your last three employers, starting with your current employer.

Name of Current Employer: _____ Years Employed _____

Phone: _____ Address: _____ City: _____

State: _____ Zip: _____ May we contact? ___ Yes ___ No

Occupation/Duties: _____

Name of Employer: _____ Years Employed _____

Phone: _____ Address: _____ City: _____

State: _____ Zip: _____ May we contact? ___ Yes ___ No

Occupation/Duties: _____

Name of Employer: _____ Years Employed _____

Phone: _____ Address: _____ City: _____

State: _____ Zip: _____ May we contact? ___ Yes ___ No

Occupation/Duties: _____

References

List three persons you are not related to who have known you at least one year.

Name: _____ Phone _____ Years Acquainted ___

Name: _____ Phone _____ Years Acquainted ___

Name: _____ Phone _____ Years Acquainted ___

Signature: _____ **Date:** _____

We're Quick - We're Trained - We're Nice

INSTRUCTIONS FOR SUBMITTING APPLICATION

- 1) Save your application onto your computer. This program does not automatically save a copy, so be sure and save or print one for your files.
- 2) Submit your application one of the following ways:
 - a. Print and mail to: Ashland City Fire Department, PO Box 36, Ashland City TN 37015.
 - b. Drop off at the Fire Department at 101 Court Street, Ashland City.
 - c. Fax to: 615-792-7100
 - d. To electronically submit:
 - i. Attach completed application to an e-mail and send to: tknack@ashlandcitytn.gov

Once your application has been received, it will be reviewed and you will be called for an interview. If you have any questions, please don't hesitate to contact us at 615-792-4531 or 615-792-4211, ext 245.