

**City of Piperton  
Piperton Fire Department  
3575 Hwy 196 Piperton, TN 38017  
901/853-2195**

**Membership Application Form**

*\*The Fire Chief/Administrator of the organization may verify all information and references given on the application. This application does not constitute an offer of employment nor create any contractual rights.*

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

D.O.B.: \_\_\_\_\_ S.S. # \_\_\_\_\_

How long have you resided at the above address? Years \_\_\_\_\_ Months \_\_\_\_\_

How long have you resided in Tennessee? Years \_\_\_\_\_ Months \_\_\_\_\_

Are you 18 years of age or older? Yes  No  If not, state age \_\_\_\_\_

Is additional information about a change in your name or your use of an assumed name or nickname necessary to enable a check on your eligibility for membership? Yes  No  If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_

Driver's License State/#/Class/Expiration Date \_\_\_\_\_

Current Employer/School \_\_\_\_\_

Address of Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

May we contact your employer for a reference? Yes  No

**Educational background-Include School/School Address/Degree/Year**

High School/Tech School \_\_\_\_\_

College / Vocational School \_\_\_\_\_

Post Graduate \_\_\_\_\_

Military Experience \_\_\_\_\_

If a member of the United States Armed Forces, did you receive an honorable discharge? Yes  No

**Previous Firefighting/Emergency Services Organization (ESO) Experience**

**List all, using additional sheet if necessary.**

Fire Company/ESO \_\_\_\_\_ Dates of Service \_\_\_\_\_ Rank \_\_\_\_\_

Fire Chief's/Administrator's Name \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Fire Company/ESO \_\_\_\_\_ Dates of Service \_\_\_\_\_ Rank \_\_\_\_\_

Fire Chief's/Administrator's Name \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Total years involved in Emergency Service \_\_\_\_\_

**Training**

Fire Schools/Training [Firefighters/Rescue, EMS, etc.]/Date/School/Location (use additional sheet, if needed)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Health Information**

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.] Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency services provider? [Fear of heights, claustrophobia, etc.] Yes  No  If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

Name/Relationship/Address/Phone Number of Person to Contact in Case of an Emergency

\_\_\_\_\_  
\_\_\_\_\_

Please list 3 personal references, other than members of this organization, who have known you for at least 3 years.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Please list the names of any acquaintances that are members of this organization.

\_\_\_\_\_  
\_\_\_\_\_

Indicate times you will be available to participate in fire department activities (meetings, drills, calls).

Week Days: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

Weekends: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

OSHA regulations require that you pass a physical examination before becoming an interior structural firefighter. The department's designated physician will provide you with a free medical examination. Will you be willing to undergo a medical examination? Yes  No

**Background Investigation**

Have you ever been convicted or plead guilty to a felony, misdemeanor, insurance fraud, arson, or reduction of one of these offenses? Yes  No  If "Yes," give details on an attached sheet.

I agree to permit the Piperton Fire Department to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization or to contact my references. The Piperton Fire Department will hold this information in confidence.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***WITHIN THE FREEDOM OF INFORMATION LAW, ALL INFORMATION CONTAINED/OR OBTAINED HEREIN WILL REMAIN CONFIDENTIAL AND WILL BE USED ONLY FOR INTERNAL MEMBERSHIP PROCESSING.***

*In witness whereof, this application has been subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the undersigned applicant who affirms/certifies that the statements made herein are true and accurate under the penalty of perjury.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Fire Chief /Witness \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Notification**

Section 94 of the Public Officers Law (Personal Privacy Protection Law) requires that you be notified of the following facts when information will be maintained in a record system is collected from you.

The authority to request and confirm personal information on you is found in Article 6 of the Executive Law.

The information obtained will:

- be used to determine your qualifications for the position for which you are applying;
- be released to the fire chief and officers; and
- be maintained in your personnel file (if you become a fire department member) or in our resume file for six months (if you are not a fire department member).

Failure to provide the information or authorization will result in your application not being considered for membership.

The office manager for the Piperton Fire Department will maintain the information.

**Piperton Fire Department  
Applicant's Authorization for Release of Information**

In order to confirm the information I supplied on my application for membership with the Piperton Fire Department, I authorize all licensing agencies, educational institution, law enforcement agencies, present and past employers, and the military services to disclose their relevant records about me to the Piperton Fire Department, whether the information be of public, private or confidential nature; and I release them from liability and responsibility for doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this will accompany requests for official documents and confirmations of my credentials.

\_\_\_\_\_  
Applicant Name (Please Print)                      Applicant's Signature                      Date

Witnessed By:

\_\_\_\_\_  
Name and Title (Please Print)                      Signature                      Date