



Maquoketa Fire Department

*106 S Niagara St
Maquoketa, IA 52060
Phone (563) 652-4454*

APPLICATION FOR MEMBERSHIP

*PROSPECTIVE MEMBERS WILL RECEIVE CONSIDERATION WITHOUT
DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL
ORIGIN, HANDICAP, MARITAL STATUS OR VETERAN STATUS.
(MEMBERS MUST BE OF THE AGE OF 18 WITH A DIPLOMA AT THE DATE OF
ACCEPTANCE TO PROBATIONARY MEMBERSHIP)*

PERSONAL INFORMATION

PLEASE FILL OUT THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE.

DATE OF APPLICATION: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY, STATE, ZIP: _____

APPROXIMATE LIVING DISTANCE FROM STATION: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

EMERGENCY CONTACT PERSON NAME: _____ PHONE: _____

HEALTH: _____

EDUCATION: _____

EMPLOYMENT INFORMATION

PRIMARY EMPLOYER

NAME OF BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ HOURS WORKED: _____

WOULD YOU BE ABLE TO RESPOND FOR EMERGENCIES DURING WORK HOURS?

YES NO EXPLAIN: _____

SECONDARY EMPLOYER

NAME OF BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ HOURS WORKED: _____

WOULD YOU BE ABLE TO RESPOND FOR EMERGENCIES DURING WORK HOURS?

YES NO EXPLAIN: _____

HAVE YOU EVER HAD ANY WORK RELATED INJURIES: _____

PLEASE DESCRIBE: _____

MAY WE CONTACT THE EMPLOYER(S) LISTED ABOVE: YES NO

MEMBERSHIP IN OTHER ORGANIZATIONS:

MISCELLANEOUS INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE: YES NO

LICENSE NUMBER: _____ CLASS: _____

RESTRICTIONS: _____ ENDORSEMENTS: _____

DRIVING EXPERIENCE: _____

PREVIOUS EXPERIENCE IN FIRE OR MEDICAL RELATED ACTIVITIES:

ANY SPECIAL TRAINING OR SKILLS: _____

HOBBIES: _____

HAVE YOU EVER SERVED ON OTHER FIRE OR EMS DEPARTMENTS? YES / NO

IF YES, PLEASE LIST WHAT AGENCY, SUPERVISOR'S NAME AND TIMEFRAME:

REASON FOR APPLICATION: _____

REFERENCES

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CERTIFICATION OF APPLICATION

I hereby certify that the information provided in this Application for Membership is true, correct and complete and contains no misrepresentations or falsifications. I am aware that, if accepted, any misstatement or omission of fact on this application may result in my dismissal. Also, I realize the Maquoketa Fire Department is not a social club; and that as a member I will be required to give freely of my time to attend emergency calls, fires, meetings, drills, departmental functions and serve on committees.

I further authorize the Maquoketa Department to conduct criminal background checks and to investigate the validity of the information provided.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

AUTHORIZATION AND RELEASE

Having made application for membership and desiring the Maquoketa Fire Department to be informed of my record(s), I hereby authorize the Maquoketa Fire Department to investigate my record(s) and I further authorize the addressed individual(s), company(ies) or institution(s) to furnish the Maquoketa Volunteer Firefighters with any information which may concern my records and do hereby release the addressed individual(s), company(ies) or institutions(s) and all persons whomsoever from any damage on account of furnishing such information.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

Please submit your completed application to **Maqfire@yousq.net** with the email header "**Firefighter Application**" or contact the fire station at **563-652-4454 to leave a message** and a member will contact you to schedule time to receive your application in person.