

# APPLICATION FOR MEMBERSHIP



Fremont County Fire District  
 305 South Smith Road  
 Riverton, Wyoming 82501  
 307-857-3030



*Please print in ink or type all information requested on this application. Answer all questions fully and carefully, attaching additional sheets if necessary. All statements are subject to verification. Falsifying any information on this application will be grounds for disqualification or termination.*

## PERSONAL SUMMARY

**1. Name & Local Residence**

\_\_\_\_\_  
 Last                      First                      MI

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                      Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_

Cellular No. (\_\_\_\_) \_\_\_\_\_

**2. Social Security Number**

\_\_\_\_\_

**3. Are you at least 18 years of age?** \_\_\_\_\_  
 (yes/no)

**4. Do you have a High School Diploma or GED?** \_\_\_\_\_  
 (yes/no)

**5. Do you have a valid Driver's License?** \_\_\_\_\_  
 (yes/no)

If yes, \_\_\_\_\_  
 License No.                      State                      Expires

\_\_\_\_\_

Class

**6. Can you commit to a minimum of two (2) years of service to Fremont County Fire District (first 18 months as a probationary /recruit member)?** \_\_\_\_\_  
 (yes/no)

**If no, explain any pertinent factors here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Occupation (if attending school, enter "Student")**

\_\_\_\_\_

**Name of employer or school (if student)**

\_\_\_\_\_

**8. Are you currently or have you ever been a member of another emergency service organization?** \_\_\_\_\_  
 (yes/no)

**9. Please indicate the type of service you wish to provide to Fremont County Fire District:**

\_\_\_\_\_ **Suppression Firefighter & EMS/Rescue**

\_\_\_\_\_ **Support Personnel (Admin/Fireground)**

\_\_\_\_\_ **Other (please specify)** \_\_\_\_\_

**Office Use Only      Battalion Chief Signature:**

Received                      Battalion Assignment

Received By:                      Suppression    Support  
 (circle one)

Preliminary Approval                      Not Recommended

Date \_\_\_\_\_                      Attach Documentation

## RESIDENCE HISTORY

10. How long have you lived in Fremont County? \_\_\_\_\_

10 a. If you have lived at your current address for less than five years, please list below your residences during that period of time. Attach additional sheets if necessary.

Street Address

City State Zip How long

Street Address

City State Zip How long

Street Address

City State Zip How long

Street Address

City State Zip How long

## EMPLOYMENT HISTORY

11. Beginning with the most recent, please list below all employers within the past five (5) years. Attach additional sheets if necessary:

Employer

Street Address

City State Zip

Supervisor May we contact?

( )

Telephone Number

Position Dates From/To

Employer

Street Address

City State Zip

Supervisor May we contact?

( )

Telephone Number

Position Dates From/To

## EDUCATION

12. Please list schools and colleges you have attended:

### HIGH SCHOOL

School City State

If equivalency \_\_\_\_\_  
Issuing Government Agency

Number Date of Issue

### COLLEGES / TECHNICAL SCHOOLS

School City Dates

School City Dates

School City Dates

## EMERGENCY SERVICES RECORD

**13. Please list all current and past emergency services affiliations: (attach additional sheets if necessary)**

Department	Position
City	State
Chief Officer (REQUIRED)	Phone
Colleague We May Contact	Phone
Length of Service	From / To
Currently a member?    Yes    No	
Department	Position
City	State
Chief Officer (REQUIRED)	Phone
Colleague We May Contact	Phone
Length of Service	From / To
Currently a member?    Yes    No	

**14. Training Record**

**Please describe any past emergency services training you have had, you may attach certificates if desired.**

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**15. CERTIFICATIONS**

**Do you currently hold any firefighting or EMS certifications?**      **Yes    No**  
(Circle One)

**Please attach copies of any certifications that you currently hold.**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

- |   |     |    |
|---|-----|----|
| 16. Have you ever been convicted of a felony?   | Yes | No |
| 17. Have you ever been convicted of a misdemeanor in the last 2 years?  | Yes | No |
| 18. Have you ever been convicted of arson?  | Yes | No |
| 19. Have you ever been a registered sex offender?   | Yes | No |
| 20. Are you under charges for any crime?  | Yes | No |
| 21. Have you ever been dismissed from an emergency service agency?<br>(Fire Department, Ambulance, Search and Rescue, etc.) | Yes | No |
| 22. Have you ever resigned from an emergency service agency rather than face dismissal?                                     | Yes | No |

*If you answered "Yes" to any of these questions, please provide specifics under the "Remarks" section below.*

**REMARKS** Please use this space **for the specifics to questions 16 through 22 above** OR for any additional information to other questions asked on this application.

I certify that all information I have supplied in this application is accurate and true to the best of my knowledge. I understand that my application could be disqualified or I could be terminated in the event I knowingly supplied false information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Fire Fighting is a physically and mentally demanding activity. At times I will be required to work long and tedious hours, possibly requiring me to carry, lift, climb, crawl, stoop and bend, creating physical and mental exhaustion. I do not have any condition that would limit or prevent me from performing these duties.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_