



Taylor Township Fire / Rescue

5314 Flint Way

Kokomo, IN 46902

Phone: 765-453-7455 Fax: 765-453-7455



Taylor Township Fire Rescue Membership Application

Last _____ First _____

MI _____

Address _____ City _____

Zip _____

HomePhone _____ Cell-Phone _____

E-Mail _____ DOB ___ / ___ / ___

SSN# _____

Membership requested: Firefighter ___ EMS ___ PSID ___ - ___

Male/Female

Are you now or have you ever been a member of a fire department, rescue squad, or other emergency service organization? Yes ___ No ___ If yes please provide name of department and supervisor name and number.

Are you related or do you know any members of this department?

Yes ___ No ___

If yes state name and relationship.

Have you ever been convicted of ANY crime? Yes ___ No ___

(If yes please explain in detail on the reverse side of this paper)

Do you have a valid driver's license? Yes ___ No ___ DL

Number _____

State of Issue _____ Current points (if any) _____

Can you commit to 12 hours a week and 12 weekend hours a month for shift coverage?

Yes ___ No ___

High School _____ Did you graduate or obtain a GED

Yes ___ No ___

College _____ Degree _____

Employer Name _____ **Job Title** _____
Shift _____ **Work Phone** _____ **Immediate Supervisor** _____
May we contact your employer as a reference? Yes ___ No ___

LIST THREE PERSONAL REFERENCES THAT ARE NOT RELATED TO YOU AND AT LEAST TWO REFERENCES THAT ARE NOT MEMEBERS OF THIS FIRE DEPARTMENT:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I hereby swear that all information on this document is true and that I am physically able to perform the duties required of the position I am requesting. Furthermore, I understand that falsification of any information herein will prevent my being considered as a member of Taylor Township Fire Rescue.

Signature _____ **Date** _____

