



Southport Fire Department

P.O. Box 296 • Southport, Connecticut 06890 • 203.254.4747 • Fax: 203.254.4788

A Volunteer Department Incorporated October 31, 1895



APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

NAME: (First, MI, Last)					
ADDRESS:			APT:	CITY:	STATE: ZIPCODE:
HOME PHONE:	CELL PHONE:	OTHER PHONE:		D.O.B. MONTH DAY YEAR	SOCIAL SECURITY NUMBER:
E-MAIL ADDRESS:		DRIVER LICENSE #:	STATE:	ARE YOU A U.S. CITIZEN? IF NO, WHAT IS YOUR COUNTRY OF CITIZENSHIP? Yes No	

EDUCATION

NAME OF HIGH SCHOOL:				DID YOU GRADUATE? Yes No	
ADDRESS:		CITY:	STATE:	ZIPCODE:	YEAR OF GRADUATION:
NAME OF COLLEGE:			MAJOR:		DID YOU GRADUATE? Yes No
ADDRESS:		CITY:	STATE:	ZIPCODE:	YEAR OF GRADUATION:
FURTHER EDUCATION / MILITARY:					

EMPLOYMENT

NAME OF EMPLOYER:				PHONE:	
ADDRESS:		CITY:	STATE:	ZIPCODE:	LENGTH OF EMPLOYMENT:

EXPERIENCE

PLEASE LIST ANY FIRST AID OR EMERGENCY MEDICAL EXPERIENCE:	PLEASE LIST ANY FIREFIGHTING EXPERIENCE:
WHAT TYPE OF MEMBERSHIP ARE YOU APPLYING FOR: ACTIVE SOCIAL	

LIST TWO OUTSIDE REFERENCES

REFERENCE'S NAME:	PHONE NUMBER:	RELATION:
REFERENCE'S NAME:	PHONE NUMBER:	RELATION:

LIST THREE MEMBER REFERENCES

MEMBER'S NAME:	MEMBER'S SIGNATURE:
MEMBER'S NAME:	MEMBER'S SIGNATURE:
MEMBER'S NAME:	MEMBER'S SIGNATURE:

I, the undersigned, hereby give consent to the Southport Volunteer Fire Department to conduct an investigation into my past. I understand that said investigation will include, but not be limited to, local and state police records. I further understand that the results of the aforementioned investigation will have a direct influence on the acceptance or rejection of my application for membership to the Southport Volunteer Fire Department. I am furnishing my Social Security Number on a voluntary basis with the understanding that such is not required by Federal statute or regulation. I understand that willfully withholding information or making false statements on this application will be grounds for my application being rejected, as well as grounds for my dismissal from the Southport Volunteer Fire Department. I agree to these conditions and hereby certify that all of my statements on this application are, to the best of my ability, true and complete. I understand the Southport Volunteer Fire Department does not discriminate based on race, color, religion, sex, sexual orientation, national origin, age or mental or physical disability.

APPLICANT'S SIGNATURE:	DATE:	DO NOT WRITE IN THIS BOX	
		DATE RECEIVED:	BY:
		DATE REJECTED:	BY:
		DATE SWORN IN:	BY: