

Independence Fire Department
113 4th Ave S.E. Independence, IA 50644

Membership Application

Name: _____ Age: _____ (No one under the age of 18 years old)

Address: _____

Phone Number _____ Married _____ Single _____ # of Dependents _____

Are you a member of the Reserves or National Guard Yes _____ No _____ Branch _____

Have you filed an Application with Independence Fire Department Before? Yes _____ No _____
Dates _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ Number of Years at Present Employment _____

Previous Occupation: _____ Number of Years at Previous Employment _____

May we contact Present or Previous employers? Yes: _____ No: _____

Highest level of Education: _____ Study: _____ Degree: _____

Do you have an Fire Service Education / Experience: Yes _____ No _____ if yes please explain

Would you be willing to take Firefighter Training Yes _____ No _____

Do you have a Valid Driver's License? Yes _____ No _____

Do you have a CDL Yes _____ No _____

Are you willing to take a physical examination? Yes _____ No _____

This Application is to be completed by the Applicant and Proposer and filed with the Secretary of the Independence Fire Department at a regular monthly meeting. In the event of any information contained herein changes, this Application will be null and void and a new Application must be submitted. Application will stay on file for one year, after that time a new Application must be submitted.

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I, _____ an active member of the Independence Fire Department, in good standing, propose for membership the following Applicant.

I realize that the Independence Fire Department is not a social club; and that as a member I will be asked to give freely of my time to attend a required Fifty percent of called drills (approximately 26 total drills), two-thirds of the regular monthly meetings, work on committees, be present at special meeting and working drills, make an attempt to attend fire schools, and attempt to be present at fire calls (approximately 150-200 per year). I understand that if my Application is approved and I become a member of the Independence Fire Department, I will be on probation for a period of time as designated in the By-Laws.

Applicant's Signature:

Date: _____ Signature: _____

Employer: I have read the above Application, and do hereby signify that this Application is made with my knowledge and full consent.

Date: _____ Signature: _____

Spouse: I have read the above and realize that if my spouse is accepted for membership in the Independence Fire Department they will be giving part of their time to public service. I further realize that giving some form of public service is the duty of every citizen and hereby give my consent to the Application.

Date: _____ Signature: _____

Office Use:

Application Received _____

Date of Meeting Application was Introduced _____

Action Taken _____