



Talleyville Fire Company

3919 Concord Pike
Wilmington, DE 19803
(302) 478-1110

Application for Membership

Personal History:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Development) (City/State/Zip)

Phone Number: Day _____ Eve. _____ S.S. Number: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Employment History:

Name, Address and Phone Number of Employer:

May we inquire of your present employer?

List any organizations or special training that you have received that may help you as a member.

Driving / Criminal History:

Drivers' License Number: _____ Issuing State: _____ License Class: _____

Do you have any driving restrictions? _____

Do you have any current points? _____ If so, how many? _____

Have you ever been arrested or convicted of any criminal offense, including DUI?

If so, explain: _____

NOTE: You must obtain a criminal background check from DE State Police Troop 2, at applicants' expense. A background check is to be mailed to the Talleyville Fire Company by De State Police, to the attention of the Membership Committee, BEFORE submitting application. (The cost of the background check will be refunded after successful completion of your probationary period.)

(Over)

Medical History – Please describe and give dates for the following.

Past Serious Illnesses: _____

Operations: _____

Injuries: _____

Hospitalization not listed above: _____

Current Medications: _____

Allergies (include medications): _____

Do you wear glasses / contacts? _____ Any defects in hearing? _____ Speech? _____

Do you have high blood pressure? _____ Do you have a history of heart disease? _____

Is there any medical information you would like to include? _____

Area of Interest:

Indicate which area you are interested in: **FIREFIGHTER** **EMT** **BOTH**

Have you ever been a member of a fire, ambulance or other service organization?

Have you ever had any fire, rescue or ambulance training?

If so, explain: _____

Do you know or are you related to anyone in the department?

If so, state name: _____

Have you ever applied to this department before? If so, when? _____

Have you ever applied to any other department? If so, list name: _____

I HAVE PERSONALLY COMPLETED THIS APPLICATION AND CERTIFY THAT TO THE BEST OF MY KNOWLEDGE IT IS ACCURATE AND TRUE. I ACKNOWLEDGE THAT THE WILLFULL WHITHOLDING OR FALSIFICATION OF ANY STATEMENTS WILL IMMEDIATELY DISQUALIFY ME FROM BECOMING OR REMAINING A MEMBER OF THE TALLEYVILLE FIRE COMPANY. I HEREBY AUTHORIZE THE TALLEYVILLE FIRE COMPANY TO CONDUCT A COMPLETE BACKGROUND INVESTIGATION ON ME AS A CONDITION OF MY APPLYING FOR MEMBERSHIP. I AUTHORIZE ANY POLICE AGENCY, SCHOOL, DOCTOR, BUSINESS OR ASSOCIATION TO RELEASE ANY PERTINENT INFORMATION, WHICH WOULD ASSIST THE TALLEYVILLE FIRE COMPANY IN EVALUATING MY CHARACTER AND QUALIFICATIONS.

Signed: _____ Date: _____

You MUST have your parents' signature if you are under the age of eighteen (18).

Signature (parent): _____ Date: _____

DO NOT WRITE IN THIS AREA

Accepted / Rejected by the Investigation Committee for membership.

Date: _____ Authorized Signature: _____

Accepted / Rejected by the Company Floor for membership.

Date: _____ Authorized Signature: _____

Date applicant advised: _____ By: _____