

**City of Gulf Breeze
Fire Department
Membership Application**

Date: _____

Name: _____
Last First Middle

Address: _____
Street Apt #

City State Zip Code

Email Address: _____ Date of Birth: _____

Age: _____ Sex: _____ Race: _____ SSN: _____

Driver's License #: _____ State: _____ Type: _____

Phone: Home (_____) - _____ Cellular: (_____) - _____
Work (_____) - _____ Pager: (_____) - _____

Occupation: _____

Employer: _____

Address: _____
Street Unit #

City State Zip Code

Supervisor: _____ Phone: _____

Nearest Relative: (Not living with you) _____ Relationship: _____

Address: _____
Street Apt #

City State Zip Code

Medical History / Chronic illnesses: _____

Have you been under a physician's care in the past year? Yes () No ()

If yes, please explain: _____

Do you have any physical impairment or special needs? Yes () No ()

If yes, please explain: _____

Allergies: _____ Blood type: _____

Physician's name: _____ Phone: _____

Preferred Hospital: _____

Insurance carrier & Policy #: _____

Have you ever been convicted of a Misdemeanor or a Felony? Yes () No ()

If yes, please explain: _____

Have you ever been convicted of a DUI? Yes () No ()

If yes, please explain: _____

Do you have any other training, qualifications or interests that would be a benefit to the Fire Department? _____

Why do you wish to become a member? _____

Character references: Please list name, relationship & phone number.

1.		
2.		
3.		

I do hear by affirm that all answers to questions contained in this application are correct and true to the best of my knowledge. I hear by authorize any investigation of statements contained herein. I further understand that misrepresentation or omission of facts is cause for dismissal. I also authorize the Gulf Breeze Fire Department to verify my driver's license, police department records and references listed.

Signature

Printed name

Date

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**Office use only**

Date submitted: \_\_\_\_\_

Required Documents: Yes ( ) No ( )

Fees paid: \_\_\_\_\_

Interview date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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