South Monterey County Fire Protection District Application For Membership

NAME				
(last)	(first)_		(mi)	
Birthdate/	/ Age SSAN:_	/ Te	elephone	
Email address		Cell #		
Drivers License No Class Expiration Date				
Residence Addre	ess:			
Mailing Address	:			
Height:	Weight	Color Eyes	Color Hair	
Occupation:	Employer:			
Employers Address			Phone No	
Emergency Notification:			Phone No,	
			ou consider important to	
List any Fire Serv	vice Certifications:			
First Aid Card: Y	N Exp. Date	CPR Card: Y	N Exp Date	
EMT Certification	n: Y N Exp. D	ate	-	
Availability to res	pond to incidents and	any problems ge	etting off work to respond:	
1 2	three references of lo		hin the Fire District:	
		Over)		

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To your knowledge, do you have any physical or mental defects which would prevent you from fully and safely performing the duties of a Firefighter? Y__N__

provent you from rully and early perion	ining the datase of a finelighter. Iit
Have you ever been convicted of any of any moving traffic violations? If yes, exp	•
	membership in the SoMoCo FPD are in fact true y execute the duties of a volunteer firefighter and philosophies of the fire district.
Signature:	Date:
************	************
Office	Use Only
Date Received	
Date Accepted	
20 Hour Safety Date	
Driver Authorization	