

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

N T		
Name:	First	Middle
Mailing Address:		
Physical Address:	City	State Zip
	City	State Zip
Phone:		
Home	Work	Mobile
Are you over 21 years of age	e? □ Yes □ No	
EMERGENCY CONTACT	ΓINFORMATION	
Family or friends you would like t	in this section will be used ONLY in the e he department to contact. Please list in the licate the name of the adult to contact. If the	e order you want them. Note: If the
Name:	Relationsh	nip:
Home Contact Information:		
Home Contact Information:_	Address	
	Address Home Phone	Mobile Phone
Home Contact Information:_ Work Contact Information:_	Address Home Phone	
	Address Home Phone	

PLEASE DELIVER APPLICATION TO:
JACKSON HOLE FIRE/EMS ADMINISTRATION OFFICE
40 E. PEARL AVE. (307) 733-4732
OR MAIL TO P.O. BOX 901
JACKSON WY 83001

GENERAL INFORMATION

Do you have a va	alid Wyoming Drivers	License?	Yes 🗆 No State:	
Class:	License Number	::	Expiration:	
List any previous	THO ENTS experience	··		
List any certificat	tions that you have: _			
List any experien	ces, skills or qualifica	ations that m	ight benefit our organization:	· <u>-</u>
• •	•			
Can you leave wo	ork for emergency cal	ls? □ Yes	□ No	
Have you ever be	een convicted of a cri	ne? □ Yes	☐ No If Yes, please expla	in.
·				
include date, plac	ce and nature of crime	(Convi	ctions will not necessarily disqualif	y an applicant.)
EMPLOYMEN'	T HISTORY			
(List present or most re	ecent positions first)			
1. Employer:		Ao	ddress:	
Supervisor:	Phor	e No:	Position:	
Date Employed (Day	y, Mo., Yr):	Date	e Left (Day, Mo., Yr.):	
2. Employer:		Ad	dress:	
Supervisor:	Phor	e No:	Position:	
Date Employed (Day	y, Mo., Yr):	Date	e Left (Day, Mo., Yr.):	
3. Employer:		Ad	dress:	
Supervisor:	Phor	e No:	Position:	
Date Employed (Day	y, Mo., Yr):	Date	e Left (Day, Mo., Yr.):	

$\underline{\textbf{PERSONAL}\ \textbf{REFERENCES}}\ (\textbf{Do\ not\ list\ former\ employers\ or\ relatives})$

Name	Occupation	Address		Phor	ne: Work/Home	
PREVIOUS ADDRESS (Give Addresses for the past five years)						
Street			City		State	
PLEASE READ CAREFULLY						
I hereby certify that to the best statements made by me in the employers and listed reference reason for leaving. I understan application or interview(s), or understand that as a part of the physical. I understand that ad statistical/governmental reportion work in the U.S. is required up intended to be a contract for en	application process es to furnish whate nd that I may be re- in the event of me e application proces ditional personal da ng purposes. I also upon membership/em	are accurate ver informat fused memb embership to ss, I am subj ta will be re understand th	e and are subject to verification they may have regard ership by giving false or to the organization, I may ect to a criminal background quired to determine if I are not proof of U.S. permanen	ation. I ling my misleadi be imm and inve n eligib t resider	authorize all previous employment and my ng information in my ediately discharged. I estigation and a health le for benefits and for ncy or authorization to	
I understand and acknowledge that membership begins upon my appointment by the Fire Chief, and that I am required to abide by all rules, regulations, bylaws and standard operating policies of the Jackson Hole Fire/EMS Department. I understand that I will be on probation for twelve (12) months starting from my appointment date, which includes, but is not limited to, attendance of all meetings, regular maintenance and training meetings all as set forth by the department. I understand that worker's compensation, eligibility to the Wyoming Retirement System, AFLAC and Firefighter I testing time will all start upon my appointment.						
Date Applicant's Signature						

Internal Use Only

☐ Application Received	Date:			
☐ <u>Criminal Background Check</u>				
Date Sent:	Date Approved:			
Letter of acknowledgement sent to A	applicant on			
Met with Chief on				
Application sent to Officers at Station	on # on			
☐ Accepted ☐ Not Accepted				
<u>Physical</u>	Date Approved:			
Work Capacity Test	Date Approved:			
Orientation	Date Approved:			
Appointment with Admin for Enrollment	Date:			

Comments:

Revised 02/25/2013