



Magnolia Fire Co.

Membership Application



First

Middle

Last

Date of Birth: ___/___/___

Phone #: _____

Age: _____ Sex: M / F

Email: _____

Address: _____

Street

Town

State

Position applying for (CIRCLE ONE):

Firefighter / Junior Firefighter / Supporting Member / Fire Police

Previous Experience:

Are you currently or were you a member of any other fire department/company? **YES / NO**

If yes, which department were you last involved with? How long were you involved with your previous department for?

-Chief from previous Company/Department:

Name

Phone Number / EMail

-President from previous Company/Department

NAME

Phone Number / EMail

Personal References

Provide three (3) references not in the fire service:

NAME

PHONE NUMBER

RELATION

NAME

PHONE NUMBER

RELATION

NAME

PHONE NUMBER

RELATION



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Has your driving privileges been suspended?

Yes: _____ No: _____

If Yes, Why: _____

Have you ever been convicted of a crime? Yes: _____ No: _____

If Yes, Why: _____

Best way and time to contact you:

Phone Call / Text / Email

Morning / Afternoon / Night

I hereby authorize the Magnolia Fire Company to conduct a background check into my criminal history as well as my driver's record. I also accept to take part in a drug test as a condition of my acceptance into the company. I understand that all information will be kept confidential.

Signature: _____ Date: _____

**Thank you for your interest in becoming a part of the
Magnolia Fire Company! A committee member will contact
you to schedule your interview.**