



Lauderdale-By-The-Sea Volunteer Fire Department

4513 Ocean Blvd., Lauderdale-By-The-Sea, FL 33308

Tel. (954) 640-4250

Email: contact@lbtsfire.com

MEMBERSHIP APPLICATION

NAME & MEMBERSHIP ELIGIBILITY

Name (Last, First, Middle)	Social Security Number
Do you have a legal right to be employed in the United States? <input type="checkbox"/> Yes (proof required) <input type="checkbox"/> No	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDRESS & CONTACT INFORMATION

Present Address	Street	City	State	Zip
Previous Address	Street	City	State	Zip
Phone Number <i>(Best one to reach you)</i>	Secondary Phone Number	Email Address		

APPLICANT INFORMATION *(Must submit a copy of your Florida Driver's License with application)*

Driver License #: <i>(Must have a valid Florida License)</i>	Are you applying for Regular or Associate Membership? <input type="checkbox"/> Regular <input type="checkbox"/> Associate
If Associate - Days & Hours available for Station Watch	Have you passed the Florida Exam for Firefighter I or II? <input type="checkbox"/> Yes - Fire I <input type="checkbox"/> Yes - Fire II <input type="checkbox"/> No

EDUCATION & SKILLS *(Please furnish us with a copy of all your certificates, licenses, & diplomas.)*

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Fire Academy			<input type="checkbox"/> FIRE I <input type="checkbox"/> FIRE II
EMT/Paramedic Program			<input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-P
High School/GED			

PHYSICAL CAPABILITY

Do you understand that you must be physically capable to perform as a firefighter, and that these capabilities may include, but are not limited to: walking, standing, bending, hearing, reaching, and lifting a minimum of 50 pounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is "No" please explain	

BACKGROUND

Have you ever been convicted of a Misdemeanor or a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Answering "Yes" does not preclude you from consideration for membership - answering untruthfully does.)</i>	
If the answer is "Yes" please explain	



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COMPANY NAME (with Address, City, State, Zip)	Dates Worked		Position(s) Held
	From	To	
Phone #	Duties/Responsibilities		
Name of Supervisor	Can you leave work to attend fire calls? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMPANY NAME (with Address, City, State, Zip)	Dates Worked		Position(s) Held
	From	To	
Phone #	Duties/Responsibilities		
Name of Supervisor	Reason for Leaving		

MILITARY SERVICE

<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Rank:	Type of Discharge:
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Name	Years Known	Relationship and Title
Home or Cell Phone #	Work Phone #	

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APPLICANT MUST READ AND SIGN

I hereby give permission to contact the references listed above, to conduct a complete background check, and I understand that I will be required to take a drug screening test, and to provide a physician's letter attesting to my fitness to be a firefighter prior to any acceptance on the fire department. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature Date

Reviewed by:	Name	Date	Action	Notes:
Chief: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No				
FF: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Date to present to Membership for approval or rejection: ____ / ____ / ____ APPROVED REJECTED				