



C & B Volunteer Fire Department

509 Royle Road
P.O. Box 113
Ladson, SC 29456-0113

(843) 873-071

APPLICATION FOR MEMBERSHIP

NAME _____ DOB _____
(LAST) (FIRST) (MI) (MO) (DAY) (YR)

ADDRESS _____ PHONE _____

SSN _____ PLACE OF EMPLOYMENT _____

USUAL WORK SHIFT: DAY SWING NIGHT OTHER POSITION REQUESTED _____

PREVIOUS EXPERIENCE OR QUALIFICATIONS AS A FIREFIGHTER _____

HIGH SCHOOL OR GED (circle one) DO YOU CONSENT TO A BACKGROUND CHECK? _____

PHYSICAL CONDITION _____ DO YOU DRINK ALCOHOLIC BEVERAGES? _____

HAVE YOU EVER BEEN ARRESTED? _____ IF YES, WHEN AND FOR WHAT REASON _____

DRIVER'S LICENSE NUMBER _____ CLASS _____ STATE _____ EXPIRATION _____

HAVE YOU EVER LOST YOUR DRIVER'S LICENSE? _____ IF YES, WHEN AND WHY _____

_____ DO YOU HAVE YOUR OWN TRANSPORTATION? _____

CHARACTER REFERENCES	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the undersigned, understand that if I am approved it is on a 90 day probationary period. I also certify that all the information given above is true; and if any is found to be false, then I will not be accepted into C & B Fire Dept.

DATE _____ (MO) (DAY) (YR) _____ (SIGNATURE)

FIRE DEPARTMENT USE:

APPROVED BY _____ DATE _____

COMMENTS: