

Maury County Fire Department
1207 B Tradewinds Drive
Application for Membership

Please Print or Type in all spaces Front and Back Date _____

First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____

Zip _____ Home Telephone # _____ Cell # _____

Age _____ Date of Birth _____ Weight _____ Height _____

Hair Color _____ Eye Color _____ Driver License # _____

Social Security Number _____ Marital Status _____

No. Children _____ Ages _____

Employment Section

Occupation _____ Work Hours _____

Employer Name _____ Address _____

Employer Telephone _____ Supervisor _____

Distinguishing Marks or Scars _____

Have you ever been Convicted of a Felony: _____ If Yes, Explain _____

Military Service: _____ Branch: _____ Military Reserve _____

Reference Section

Name of (2) Reputable Citizens who know of your Character and are NOT related to you:

1. Name _____ Phone # _____

Address _____ City _____ State _____

2. Name _____ Phone # _____

Address _____ City _____ State _____

List any special Training or Qualifications in the space below:

I _____ certify that all information given on this application is correct.
Applicant Signature

Office Use Only:

Probation Approved _____ Probation Denied _____ Date _____

Interview Board _____, _____,
_____, _____, _____

Interview Board Comments _____

Agility Test
Pass _____ Fail _____ Time _____

Director Signature _____

Assistant Director Signature _____