



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

APPLICANT INFORMATION

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
Driver License #: (Must have a valid Florida License)	

ADDRESS & CONTACT INFORMATION

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

MEMBERSHIP ELEGIBILITY

Are you a certified Florida Firefighter (check the level that apply) <input type="checkbox"/> Fire I <input type="checkbox"/> Fire II <input type="checkbox"/> Not Certified	Are you applying for Regular or Associate Membership? <input type="checkbox"/> Regular <input type="checkbox"/> Associate
If Associate - Days & Hours available for Station Watch	Do you have a current CPAT certificate? (copy must be attached) <input type="checkbox"/> Yes <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, plead Nolo Contendere, plead guilty, or had the Adjudication of guilt withheld for any offenses(s) other than Minor Traffic Violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes If Yes: What Charges: _____ County/State _____ Date: _____	



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WORK EXPERIENCE

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

FIRE SERVICE EXPERIENCE – List any fire experience including Explorer, Volunteer or Career

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

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

MILITARY SERVICE – (copy of DD214 must be turned in with application)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Rank:	Type of Discharge:
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REFERENCES

Name	Years Known	Relationship and Title
Home or Cell Phone #		Work Phone #
Name	Years Known	Relationship and Title
Home or Cell Phone #		Work Phone #
Name	Years Known	Relationship and Title
Home or Cell Phone #		Work Phone #

APPLICANT MUST READ AND SIGN

I hereby give my permission to the Lauderdale-By-The Sea Volunteer Fire Department to make investigations related to this application; contact my former and present employers to furnish their records of any service. I release them and their company from any liability for any damage whatsoever for issuing same. I voluntarily agree to submit to a drug test as part of my application for membership, and to provide a physician's letter attesting to my fitness to be a firefighter prior to any acceptance for membership on the fire department. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for membership.

I hereby certify to the best of my knowledge that all of the information contained in the application is true. Any willful misrepresentations or omissions of facts will give cause for my application not to be considered and if I have been granted membership, will be cause for my immediate membership revocation.

Applicant Signature

Date

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