



# MAYSVILLE VOLUNTEER FIRE COMPANY

Po Box 434

Maysville, WV 26833

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Phone (304) 749-7731 Fax (304) 749-8087



Chief Shawn Kimble

President Wanda Kuh

## FIREFIGHTER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ D.O.B: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

DO YOU HAVE A CDL LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF THE MAYSVILLE V.F.C. BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give dates and length of service: \_\_\_\_\_

HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE COMPANY? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list company name and length of service: \_\_\_\_\_

Did you quit or get terminated at this company? Please explain if applicable: \_\_\_\_\_

\_\_\_\_\_

**WHAT IS THE HIGHEST GRADE YOU HAVE COMPLETED?** \_\_\_\_\_

**WHAT KIND OF TRAINING DO YOU HAVE IN RELATION TO FIREFIGHTING AND/OR EMS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*By submitting this application does not gurantee membership. Membership is granted by the company using a voting process in a meeting. DMV records and background checks may be requested at the time of the application.

\*If chosen to be a part of the Maysville Volunteer Fire Company, you will be placed on a 6 months probation period. At the end of the 6 months, the company votes on you being an active member or they may dismiss you from the company.

\*If chosen to be a part of the Maysville Volunteer Fire Company, you must maintain at least a 25% average (or percentage per the current company by-laws) in drills, work details, fundraisers, meetings and fire calls.

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date**