



# Pekin Fire Company, Inc.

## Application for Membership



Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Length of Time at Current Address: \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

Status:  Married  Single Name of Spouse: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ NYS Drivers License Number: \_\_\_\_\_

Has your license ever been Revoked or Suspended:  Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever been Convicted of a Felony:  Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever Driven an Emergency Vehicle:  Yes  No

If Yes, Explain: \_\_\_\_\_

Have you ever had any Firematic or First Aid Training:  Yes  No

If Yes, List Completed Courses: \_\_\_\_\_

Are you a Member of an Operating Fire or Ambulance Company:  Yes  No

If Yes, List Name of the Organization and Years of Service: \_\_\_\_\_

Do you have any Physical Disabilities:  Yes  No

If Yes, Explain: \_\_\_\_\_

Are you currently under a Doctor's care or on any Medication:  Yes  No

If Yes, Explain: \_\_\_\_\_

I hereby verify that all the information provided is true and that any false information may result in denial of this application. I also agree to provide Pekin Fire Company Inc. with a criminal history record check from the Niagara County Sheriff's Department. This report will be required at the time of an interview with the Executive Committee.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Application Fee of \$3.00 is REQUIRED WITH APPLICATION**

**Signature of 2 Active Pekin Fire Company Inc. Members [Required]**

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