



Gassville Volunteer Fire Department
204 S. School Street, Gassville, AR 72635 (870)-435-6119

APPLICATION FOR MEMBERSHIP

ALL INFORMATION MUST BE ACCURATE AND COMPLETE. THE GFD RESERVES THE RIGHT TO EITHER RETURN OR WITHDRAW ANY INCOMPLETE, INACCURATE, OR ILLEGIBLE APPLICATION FOR MEMBERSHIP.

Full Name: _____
(First) (Middle) (Last) (Suffix)

Nickname/Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____
(mm/dd/yyyy)

Are you a citizen of the U.S.? Yes No

If not, are you eligible to work in the U.S.? _____

Equal Employment Opportunity: The Gassville Fire Department, values diversity in its membership. Women and men of all ages, cultural and ethnic backgrounds, religious and political affiliations and national origins are encouraged to apply.

To Apply: Complete and submit this official Gassville Fire Department "Application for Membership" form. Only fully and legibly completed applications will be considered or processed further. We may wish to contact you by mail, telephone, or e-mail. It is your responsibility to make sure contact information is complete, correct, and current. GFD office personnel are not permitted to modify applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communication.



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PERSONAL INFORMATION

Are you at least 18 years old? Yes No

Driver's License Number: _____ Issuing State: _____ Class: _____ Restrictions: _____

Has your driver's license ever been suspended/revoked? Yes No

If YES, provide details and dates: _____

Have you ever been convicted of, or have you ever pled guilty or nolo contendere (no contest) to, any crime other than a minor traffic citation in an adult court? Yes No
(A "Yes" answer may not necessarily disqualify you from membership)

If YES, where, when, and what was the disposition of the offense? _____

Please list any special skills, interests, or hobbies: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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EDUCATION

Applicants without a minimum of a High School Diploma or GED **may** not be considered.

Highest Grade Completed: (circle) 7 8 9 10 11 12 Associate Bachelor Graduate

Name, City, and State of Last High School Attended: _____

Name, City, and State of College Attended: _____

What, If Any, Higher Education Degrees Do You Hold? _____

If you do not have High School Diploma / GED

Can you perform simple math? (i.e. addition, subtraction, multiplication, division) Yes No

Can you write/read well enough to complete simple applications and reports? Yes No

List your computer experience along with any programs in which you may be proficient. _____

FIRE & RESCUE EXPERIENCE

Have you ever applied to or been a member of GFD before? Yes No

(If YES, please give dates and the circumstances under which you left the department):

Have you ever served in another fire/rescue department? Yes No

(If YES, please give the name, address, and telephone number of the department(s), dates of your service, and the circumstances under which you left the department):

State the highest rank you have held: _____

List any fire, rescue, EMS or related classes you have taken, including where and when you took the class: (Include copies of any transcripts, cards and/or certificates earned)

List any fire or rescue vehicles you have been authorized or licensed to drive: _____



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EMPLOYMENT

Current Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Position Held: _____ Contact Person: _____

E-Mail Address: _____

NOTE: *If employed less than 1 year at your current employer please list previous employment:*

Previous Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Contact Person: _____ Position: _____

E-Mail Address: _____

Previous Employer: _____

Address: _____

Phone: _____ Date Employed From: _____

Contact Person: _____ Position: _____

E-Mail Address: _____



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REFERENCES

Please list three (3) character references who you have known for at least three (3) years, who are not related to you, and who are not past or present employers. PLEASE PRINT CLEARLY AND PROVIDE ALL REQUESTED INFORMATION.

REFERENCE 1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

REFERENCE 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

REFERENCE 3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail Address: _____

Note: Former/Current Fire Department Affiliations, If Any, Will Be Contacted to Obtain a Reference



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CERTIFICATION AND AUTHORIZATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges hereof may be immediately terminated. My signature on this application indicates that I understand the volunteer positions available to me and I understand that the position of a firefighter or emergency medical services provider is physically challenging and that my membership is dependent on my successful completion of required training and receipt of a favorable background investigation. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

I also understand that an incomplete, inaccurate, or illegible application may be returned or withdrawn; that the General Membership has sole authority to act upon my "Application for Membership"; that the decision of the General Membership is final and not appealable; and that I may not reapply for one year following a denial of membership. I have read the statements above and, by my signature, I agree to these provisions.

Signature of Applicant: _____ Date: _____

Please note: *We make every effort for your application and personal information to be kept secure and confidential.*