

GALENA FIRE DEPARTMENT  
101 SOUTH BENCH ST.  
GALENA, IL 61036



**APPLICATION FOR MEMBERSHIP**

**PERSONAL INFORMATION**

FIRST NAME                      MIDDLE INTIAL                      LAST NAME

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HOME ADDRESS                                      CITY                                      STATE                                      ZIP

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DATE OF BIRTH                                      SOCIAL SECURITY #                                      DRIVERS LICENSE #

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HOME TELEPHONE NUMBER                      CONTACT TELEPHONE NUMBER                      EMAIL ADDRESS

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**EMPLOYMENT INFORMATION**

CURRENT EMPLOYER                                      NAME OF IMMEDIATE SUPERVISOR

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OCCUPATION                                      YEARS EMPLOYED                                      HOURS OF EMPLOYMENT

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EMPLOYERS ADDRESS                                      CITY                                      STATE                                      ZIP                                      TELEPHONE #

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PREVIOUS EMPLOYER                                      NAME OF IMMEDIATE SUPERVISOR

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EMPLOYERS ADDRESS                                      CITY                                      STATE                                      ZIP                                      TELEPHONE #

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**EDUCATION AND EXPERIENCE**

EDUCATION: HIGHEST GRADE COMPLETED 10 11 12 13 14 15 16 16+

GED HIGH SCHOOL DIPLOMA DEGREE(S) \_\_\_\_\_

DO YOU HAVE PREVIOUS FIREFIGHTING EXPERIENCE? YES NO

IF YES, WHERE, PROVIDE LOCATION AND DATES OF SERVICE

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**MISCELLANEOUS INFORMATION**

IF YOU WERE NOT A RESIDENT OF THE GALENA FIRE PROTECTION DISTRICT FOR THE PAST FIVE (5) YEARS, LIST PREVIOUS ADDRESS:

HOME ADDRESS CITY STATE ZIP

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

**REFERENCES**

LIST TWO CHARACTER REFERENCES, OTHER THAN YOUR SPOUSE OR RELATIVES

NAME ADDRESS TELEPHONE #

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NAME ADDRESS TELEPHONE #

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**PLEASE EXPLAIN WHY YOU ARE CHOOSING TO BECOME A MEMBER OF THE GALENA FIRE DEPARTMENT?**

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**ACKNOWLEDGEMENT**

IF THIS APPLICATION IS GRANTED, I PROMISE FULL AND FAITHFUL OBSERVANCE OF ALL OF THE LAWS, RULES AND POLICIES THAT GOVERN THE GALENA FIRE DEPARTMENT. I WILL ALSO PRESENT A COMPLETED PHYSICAL EXAMINATION REPORT PRIOR TO ACTIVELY PARTICIPATING IN ANY GALENA FIRE DEPARTMENT FUNCTION. I ALSO UNDERSTAND THAT I MUST PASS A STANDARD ABILITY AND FITNESS TEST SET FORTH BY THE DEPARTMENT BEFORE BEING CONSIDERED FOR MEMBERSHIP.

SIGNED BY MY OWN HAND ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT  
SIGNATURE: \_\_\_\_\_

**ENDORSEMENT**

THIS CANDIDATE IS BEING ENDORSED BY:

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

AS A DEPARTMENT MEMBER, YOU HAVE A RESPONSIBILITY TO EXERCISE EVERY PRECAUTION IN SELECTING FIRE DEPARTMENT MEMBERS. THEREFORE, WE WOULD APPRECIATE YOUR OPINION AS TO THE CHARACTER AND RELIABILITY OF THIS INDIVIDUAL, AS WELL AS INFORMATION ON HIS/HER EMPLOYMENT AND CRIMINAL HISTORY. THE INFORMATION THAT YOU PROVIDE WILL BE HELD IN CONFIDENCE.

**GALENA FIRE DEPARTMENT  
REQUEST FOR INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE THE GALENA FIRE DEPARTMENT TO ENGAGE IN A BACKGROUND INVESTIGATION INCLUDING A CRIMINAL HISTORY. I AUTHORIZE ALL FORMER EMPLOYEES TO FURNISH ANY INFORMATION CONCERNING MY EMPLOYMENT BACKGROUND. I UNDERSTAND THAT THIS INFORMATION WILL BE PROVIDED TO ASSIGNED GALENA FIRE DEPARTMENT PERSONNEL FOR REVIEW AND CONSIDERATION.

I RELEASE THE CITY OF GALENA, THE GALENA FIRE DEPARTMENT, AND THEIR AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ASSOCIATED WITH HIS/HER REVIEW AND USE OF THIS INFORMATION.

\_\_\_\_\_  
APPLICANT SIGNATURE

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

\_\_\_\_\_  
WITNESS

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

To assist us in our recruiting effort, please indicate how you heard about us:

GFD Brochure

Newspaper

GFD Member

Friend

Other \_\_\_\_\_