

**Dover Fire Dept.**  
 103 South Governors Ave.  
 Dover, DE 19904

<b>FOR OFFICE USE ONLY</b>
Date Received:

**APPLICATION FOR MEMBERSHIP**  
**Please Print or Type**

*Qualified applicants are considered for membership without regard to race, color, religion, sex, national origin, marital or veteran status, or age. All applicants must be physically qualified to perform the duties associated with firefighting.*

**PERSONAL**

<b>Name:</b>	<b>Soc. Sec. #:</b>
(Last) (First) (Middle)	
D.O.B.:	Driver's Lic. No. : Exp: State: Class:
Previous Fire Service Experience :	Yes: No:
<b>Current Address:</b> ( No PO Box #)	
Street:	
City:	State: Zip Code:
Email:	
Home Phone # : ( )	Cell Phone # :( )
Person to notify in case of emergency:	Relation:
Telephone # ( )	Complete Address:
Have you ever been convicted of a crime other than minor traffic violations ?	Yes No
If yes, explain under remarks.	

**MEMBERSHIP APPLYING FOR**

(All applicants must reside within fire district of the Robbins Hose Co. No. 1, Inc.)

<b>Check One:</b>	
<input type="checkbox"/> Mascot Member -	Must be 13 yrs of age & nominated from company floor.
<input type="checkbox"/> Auxiliary Member -	Must be 16 yrs of age.
<input type="checkbox"/> Probationary Member -	Must be 21 yrs of age - Auxiliary may apply at 19 yrs of age.
<input type="checkbox"/> Honary Member -	Nominated from company floor
<input type="checkbox"/> Associate Member -	State Service to be provided to the Company.

**EDUCATION / TRAINING**

Name & Location	Dates Attended		Diploma Degree Received	Circle highest grade completed. Grammar School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5 6
	From	To		
High School				
College or University				
Nursing, Trade or Technical School				
Post Graduate				

**OTHER SKILLS, QUALIFICATIONS AND EXPERIENCE**

Other Training or Skills
Type Machines Operated

**MILITARY**

Have you served in U.S. Armed Forces ? If yes, list duties in the service and specific training. [ ] Yes [ ] No If Yes, Fill Out The Following.			
Branch	Date Entered	Date & Type Discharge	Final Rank

**EMPLOYMENT HISTORY**

A Resume May Be Attached As A Supplement To, BUT NOT IN LIEU OF, THIS SECTION.  
List All Jobs During The Last Ten Years. **START WITH YOUR CURRENT EMPLOYMENT.**

<b>Employer</b>	Dates Employed		Work Performed
	From	To	
Address		Phone No.:	
Job Title	Supervisor		
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
	From	To	
Address		Phone No.:	
Job Title	Supervisor		
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
	From	To	
Address		Phone No.:	
Job Title	Supervisor		
Reason for Leaving			
<b>Employer</b>	Dates Employed		Work Performed
	From	To	
Address		Phone No.:	
Job Title	Supervisor		
Reason for Leaving			

**REFERENCES      LIST THREE      DO NOT INCLUDE RELATIVES**

<b>Full Name :</b>	Phone # : _____
	Yrs Known: _____
Complete Address:	
Occupation:	
<b>Full Name :</b>	Phone # : _____
	Yrs Known: _____
Complete Address:	
Occupation:	
<b>Full Name :</b>	Phone # : _____
	Yrs Known: _____
Complete Address:	
Occupation:	

If you have previous fire service experience, please list the Company, Location, Phone No., and achievement(s).

---

---

---

---

---

---

---

---

**MEDICAL and EMERGENCY INFORMATION**

APPLICANTS FULL NAME: \_\_\_\_\_ # \_\_\_\_\_

Blood Type :	Sex:	Height:	Organ Donor ? :
Blood Pressure :	Pulse:		
Weight:	Eyes:	Hair:	Date of Birth:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Family Physician: Name, Address & Phone No.: \_\_\_\_\_

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

Do you have any physical defects or disabilities?      Yes      No      (if yes, please explain)

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

**EMERGENCY INFORMATION**

Please Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Religion: \_\_\_\_\_

**REMARKS :**

use back side if needed

**Robbins Hose Company No. 1, Inc.**  
**APPLICANT AFFIRMATIVE ACTION SURVEY**

To help the Robbins Hose Co. No. 1, Inc. meet its affirmative action objects and to comply with various government requirements, please mark the appropriate identification categories below. The lower portion of this form describes identification categories in detail. Providing this information is voluntary, and your application will not be adversely affected if you respond or decline to respond. This information will be used in accordance with federal laws and regulations. Information concerning any handicap or disability will be kept confidential except as necessary for purposes of job assignment, accommodation, first aid and safety

RACE :                     White                     Black                     Hispanic  
                               American Indian / Alaskan Native  
                               Asian / Pacific Islander

SEX :                     Male                     Female

HANDICAPPED /  
VETERAN :                     Handicapped  
                                      Vietnam Era Veteran  
                                      Disabled Veteran

Thank You  
Robbins Hose Co. #1, Inc.

**APPLICANT AFFIRMATIVE ACTION SURVEY IDENTIFICATION DESCRIPTIONS**

**RACE:**

White :	European, North African, or Middle Eastern origin.
Black:	Of Black racial group origin.
Hispanic :	Mexican, Puerto Rican, Cuban, Central-South American origin or any Spanish culture regardless of race.
American Indian / Alaskan Native :	North American, but cultural identification maintained through tribal affiliation or community recognition.
Asian/Pacific Islander :	Far East, South East Asia, Pacific Island origin.

**HANDICAPPED:**

Physical or mental impairment which substantially limits one or more major life activities.  
A record of such an impairment, or society perceives such an impairment.

**VIETNAM ERA VETERAN :**

Active military duty or more than 180 days, any part of which occurred between August 6, 1964 and May 7, 1975, and discharged or released from duty with an other than dishonorable discharge.

**DISABLED VETERAN :**

Disability rated by Veterans Administration at 30 percent or more, or,  
Released or discharged from active duty for a disability incurred or aggravated in the line of duty.

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION!**

I affirm that this application for membership contains no misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should the investigation of my background at any time disclose any such misrepresentation or falsification, my application may be rejected. I am further aware that I shall be required to successfully pass the following:

- MEDICAL EXAM**
- PERSONNEL COMMITTEE INTERVIEW**
- BACKGROUND INVESTIGATION(s)**
- DRUG TEST(s)**

I authorize the Robbins Hose Company to thoroughly investigate my personal and public background which includes, but is not limited to, schools, places of employment, medical, police and military records for purposes relating to the fitness of my application for membership. I also authorize release of any private or public records needed to determine the extent of my qualifications for membership. I understand that I must be physically and mentally capable of performing fire fighting duties. I also understand that any information obtained by the Robbins Hose Company will be kept in confidence and will be used only for the purpose of determining acceptance for membership.

If accepted as a member, I further agree to abide by the Constitution and By-Laws of the Robbins Hose Co. No. 1, Inc, and the rules and policies established by the Company and the Fire Chief.

---

*Signature of Applicant* *Date*

**For Membership Applications when the Applicant is less than eighteen (18) years old:**

Being the lawful parent(s) or guardian(s) of the applicant I/we recognize the dangers and perils of firefighting and hereby give my/our permission and consent for the applicant to apply for membership in the Company and if accepted, as a member, to participate in company activities, including training, firefighting and rescue activities. I/we therefore, release the company from any liability in the event that my/child is injured in any activity authorized by the company.

---

*Signature of Applicant' Parent(s) or Guardian(s)* *Date*

**DO NOT WRITE BELOW THIS LINE - FOR ROBBINS HOSE COMPANY USE**

	Date		Date
Application Rec'd		Committee Approval	
Application Complete		Committee Rejection	
Affirmative Action Form Rec'd		Company Approval	
Pension Plan Form		Company Rejection	
Medical Exam Satisfactory		Auxiliary Member Approved by Fire Chief:  <div style="text-align: right;">date</div>	
Driving Record			
		Personnel Committee Conducting Interview:	