



Have you had or do you have medical problems with any of the following:

Lungs	Heart	High Blood Pressure	Asthma	Epilepsy
Back	TB	Diabetes	Arthritis	Stomach
Gout	Fainting	Mental Illness	Cancer	Eye Sight
Strokes	Hemophilia	Rheumatism	Color Blindness	Skin Diseases
Vertigo	Ulcer	Blood Diseases	Nose	Dizziness
Throat	Kidneys	Glands or Ears	Liver	Rectum
Tumor	Disease of the Bones		Varicose Veins	Pain in Feet / Legs
Disease of Brain or Central Nervous System				

If any of the above is checked, give a brief statement of what, when, treatment & who treated you:

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Have you ever been turned down for life insurance?                      Yes                      No

If yes, give a brief statement explaining why:

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**Employer Information:**

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

Position: \_\_\_\_\_ Shift: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Training**

Have you ever belonged or do you belong to another Fire Co or Ambulance Assoc Yes\_\_ No\_\_

Name of Company	Phone#	Date of Leaving
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List any special training you received in fire fighting, chemistry, Hazardous Materials, safety, medical, communications, computer, driving, police, etc:

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Have you ever been refused membership to any Fire Company or EMS association?      Yes      No

If yes, please give a brief statement explaining why:

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**References:** (Give the names of THREE persons NOT related to you, whom you have known at least 1 year)

	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Yrs. Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Have you ever been convicted of violating any criminal laws (other than traffic)      Yes      No

If yes, list offense, where, and final disposition of the offense:

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By signing this document, I am swearing or affirming that the information above is true and correct to the best of my knowledge. I understand that any falsification or deception of any kind of the above information may be grounds for my membership not being approved or dismissal from the team.

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

## **HAZ MAT 2-9**

### **Release Form**

By Signing this page, I am giving permission to members of HazMat 2-9 or any of its agents to look into my background. I give permission for release of any medical records, criminal records, and driver's license records to HazMat 2-9 or its agents. I give permission to HazMat 2-9 or its agents to contact my employer, references and other fire companies or EMS associations that I once belonged to or currently belong to, for the purpose of looking into my background.

Print Name \_\_\_\_\_

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

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