

# Kershaw County Fire Service Membership Application

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Last Name	First Name	Middle
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Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Do you possess a valid driver's license? Yes ( ) No ( ) State \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Class A B C D E M G

Social Security # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Can you leave your employment to attend fires? Yes ( ) No ( )

Do you have any experience in EMS/Fire/Rescue? Yes ( ) No ( )

Please list experience:

Please list all emergency training courses taken and passed:

Department you are requesting to join: \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_