

FAULKNER COUNTY EMERGENCY SQUAD

Application for Membership

Identifying Information:

Last Name: _____ First Name: _____ Middle: _____

Male: ___ Female: ___ Nickname: _____ Maiden Name: _____

Present Address: _____

Home Phone # _____ Work Phone # _____ Emergency # _____

Date of birth: _____ Age: _____ Social Security # _____

Driver's License # _____ Place of Birth: _____

Do you have any scars, tattoos, or physical defects: No ___ Yes ___

If yes, please explain: _____

Are you a U.S. Citizen: Yes ___ No ___

If no: Are you a legal alien: Yes ___ No ___

If yes: Visa type or INS Status: _____ Number: _____

Marital Status:

Single: ___ Married: ___ Engaged: ___ Separated: ___ Divorced: ___ Widowed: ___

Name and age of current spouse: _____

Name(s) and age(s) of any previous spouses: _____

Name(s) and age(s) of any children, step-children, foster children, or other minors in your custody:

Military Information:

Have you ever served in the U.S. Armed Forces: Yes_____ No_____

Branch of Military service:_____ Position or Rank:_____

Type of Discharge:_____ Basis:_____

Dates of Active Duty: From_____ To_____

Are you currently a member of the Reserves or National Guard: Yes_____ No_____

Were you the subject of any type of disciplinary action while enlisted or commissioned: Yes_____ No_____

If yes, please explain:_____

Employment Information:

Name and Address of current Employer:_____

Phone # :_____ Name of Supervisor:_____ Hours Worked:_____

Description of work and specific duties:_____

Education and Training:

High School Attended: _____

Highest Grade Completed:_____ Graduate: Yes_____ No_____ Year Completed:_____

List any Colleges or Universities attended:_____

Year Completed:_____ Degree Received:_____

List any Trade or Training attended:_____

Year Completed:_____ Degrees or Certificates Received:_____

Do you have an G.E.D.: Yes_____ No_____ Year Received:_____

Criminal and Traffic History:

Answer all the following questions completely and accurately. Any falsification or misstatements of facts will be sufficient to disqualify you from becoming a member of this organization:

Have you ever been arrested or detained by the police: Yes ___ No ___

If yes, explain _____

Have you ever been reported as a missing person or a run-away: Yes ___ No ___

If yes, explain _____

Has any member of your family ever been arrested and/or or convicted of a felony crime: Yes ___ No ___

If yes, please explain _____

Driving History:

List below any and all traffic tickets you have received:

Location: _____ Approx. Date: _____

Nature of Violation: _____ Penalty or Disposition: _____

Location: _____ Approx. Date: _____

Nature of Violation: _____ Penalty or Disposition: _____

Location: _____ Approx. Date: _____

Nature of Violation: _____ Penalty or Disposition: _____

Location: _____ Approx. Date: _____

Nature of Violation: _____ Penalty or Disposition: _____

Can you operate a motor vehicle: Yes ___ No ___

Do you possess a valid Operator's License from the state of Arkansas: Yes ___ No ___

Arkansas DL# _____

From any other state: Yes ___ No ___ DL# _____ State: _____

Have you ever had your license suspended or restored: Yes ___ No ___

If yes, when: _____ State: _____ Why: _____

Have you ever been refused a license from any state: Yes___ No___ State:_____

Have your driving privileges ever been restricted: Yes___ No___ If yes, explain:_____

General Information:

Have you ever been discharged or forced to resign from any employment or other organization:

Yes___ No___ If yes, explain:_____

Do you object to wearing a uniform: Yes___ No___ If yes, explain:_____

Do you object to being called without notice, 24 hours a day, 365 days a year: Yes___ No___

Does your spouse object to you being called without notice, 24 hours a day, 365 days a year: Yes___ No___

Do you have any religious belief that would prevent you from:

a. Receiving medical treatment: Yes___ No___

b. Rendering medical treatment: Yes___ No___

Have you ever been issued a concealed handgun license or permit: Yes___ No___

If yes: State___ Number_____ Active___ Expired___ Expiration_____

Briefly explain your reason for applying for membership:

Have you ever, by word of mouth or in writing, advocated, advertised, or taught the doctrine that the government of the United States of America or the State of Arkansas or any Political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means: Yes___ No___

Are you now or have you ever been a member of any subversive organization: Yes___ No___

Are you now or have you ever been a member of any club, society or organization: Yes___ No___

If yes, please name them: _____

Do you use any type of alcoholic beverage: Yes___ No___ If yes, explain: _____

Have you ever used any drugs prohibited by law, or used prescription drugs in a manner inconsistent with their

labeling: Yes___ No___ If yes, explain: _____

Have you ever been charged with or convicted of domestic battery, or been the subject of a protective order of any kind: Yes___ No ___ If yes, explain _____

What are your opinions on the use of illegal drugs and alcohol? _____

What do you believe are the most serious issues facing society today? _____

The following statement must be read and signed for your application to be considered:

I hereby certify that my application, and all attachments to it, contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation, or falsification, my application may be rejected, my name removed from the register, and I may be disqualified from applying in the future for membership in the Faulkner County Emergency Squad. Additionally, I realize that by submitting this application, I will have a background investigation performed by the Faulkner County Sheriff's Office, and that false information or omissions may result in criminal charges.

_____	_____
Signature of Applicant (DO NOT PRINT)	Date
_____	_____
Squad Member Sponsoring Applicant	Position

(for internal use only)

Application reviewed date: _____

Application initial approval date: _____

Background Investigation

Name of Investigator: _____ *Date of ACIC/NCIC:* _____

ACIC/NCIC Status: _____

SO Approval Date: _____

Application is *APPROVED* *DENIED*

Applicant notified of decision: _____ *by* _____