



CHEATHAM COUNTY FIREFIGHTERS' ASSOCIATION

1119 MAIN STREET P.O. BOX 336 PLEASANT VIEW, TN 37146
PHONE: 615-746-8528 FAX: 615-746-8526

Volunteering.... It's an experience of a lifetime

Application for Active Membership

Personal Information

Name: _____ Date of Application: _____

Social Security #: _____ Date of Birth: _____

Drivers License #: _____ State of Issue: _____ Type of DL: _____

Type of license (Operator, Commercial, Chauffeur): _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell phone: _____ E-mail: _____

Employer Name and Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Telephone: _____ Address: _____

Physicians Name: _____ Telephone (or hospital): _____

Have you ever been convicted of a criminal offense (misdemeanor and felony)? If yes, please explain:

How did you find out about volunteering with a fire department in Cheatham County?

Education and Specialized Training

What is the highest level of education that you have obtained? (H.S. Grad, College, etc.):

Do you currently hold certifications in any of the following fields? If yes, please list dates, certification numbers, and place or department of certification:

Fire Suppression: No ___ Yes _____

Rescue or Extrication: No ___ Yes _____

Emergency Medical: No ___ Yes _____

Hazardous Materials: No ___ Yes _____

List any membership that you have had in emergency services fields, such as position held, dates and department(s):

List names and telephone numbers of three business / work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

List professional, trade, or civic organizations and any offices held.

Organization	Offices Held
(1) _____	_____
(2) _____	_____
(3) _____	_____

List any additional information you would like us to consider:

Do you give CCFFA permission to do background check on you? Yes ___ No ___

Fire Department Use Only Below

Chief Officer Approval: _____ Date: _____

Position Placed In: _____ ID#: _____

Probationary Period: _____

Termination Date: _____ Reason: _____

COPY AND E-MAIL THIS APPLICATION TO recruiter@cheathamfire.org

**YOU MAY ALSO MAIL OR BRING APPLICATIONS BY
1119 MAIN ST., PLEASANT VIEW TN 37146.**