

17325 Lawson Road, Little Rock, Arkansas 72210 / Phone - 501.821.7099 / www.crystalfire.org

APPLICATION FOR MEMBERSHIP

PLEASE ATTACH COPIES OF ANY JOB RELATED CERTIFICATIONS & LICENSES

MEMBER INFORMATION							
Last Name		First				M.I.	Date of Birth
Street Address					Apartment/Unit #		
City State			ate			ZIP	
ontact Number Social Sec		curity				Email	
Position Being Applied For: In District Member / Out of District Member / Auxiliary Member / Live-In Member							
Are you a citizen of the United States?		Yes□	No 🗆	If no, are	e you autho	rized to w	ork in the U.S.? Yes \square No \square
Have you ever worked for a fire department	?	Yes□	No 🗆	If so, wher	1?		
Have you ever been convicted of a felony?		Yes□	No 🗆	If yes, exp	lain?		
EDUCATION				1			
High School				Address			
From To		Did you gradı	uate?	Yes	No	Degree	
College				Address			
From To		Did you gradı	uate?	Yes	No	Degree	
Other				Address			
From To		Did you gradu	uate?	Yes□	No 🗆	Degree	
REFERENCES							
Please list three professional references.							
Full name			Relationship				
Company			Phone ()				
Address							
Full name			Relationship				
Company			Phone ()				
Address							
Full name				Relationship			
Company			Phone ()				

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PREVIOUS EMPLOYMENT						
Company	Phone ()					
Address	Supervisor					
Job Title						
Responsibilities						
From To	Reason for Leaving					
May we contact your previous supervisor for a	reference? Yes No					
Company		Phone ()				
Address	Supervisor					
Job Title						
Responsibilities						
From To	Reason for Leaving					
May we contact your previous supervisor for a reference? Yes No						
Company	Phone ()					
Address	Supervisor					
Job Title						
Responsibilities						
From To	Reason for Leaving					
May we contact your previous supervisor for a reference? Yes No						
MILITARY SERVICE						
Branch MOS	From To					
Rank at Discharge	Type of Discharge					
If other than honorable, explain						
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge. I agree to attend training sessions sponsored by the department. I understand that this application will have to be approved by the Officers and Members of Crystal Fire Department. I will undergo an interview with the Chief or member(s) appointed by him. I understand that drug screening may be required at any time during my membership. I understand that a background check shall be conducted and authorize Crystal Fire to conduct such at their discretion.						
If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.						
Signature:	Date:					

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If applying for a LIVE-IN MEMBER position, please answer the following questions. Use additional paper if needed.			
Why do you want to become a Live-In Member with Crystal Fire Department?			
How and why would you be an asset to the Live-In Member Program at Crystal Fire Department?			
Where do you see yourself in 1 and 3 years from now?			
What steps are you taking to obtain your 1 and 3 year goals?			

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On a weekly basis, please provide general times on work and/ or school schedules

Sunday	
7AM to 3PM	
<u>3PM to 11PM</u>	
<u>11PM to 7AM</u>	
Monday	
7AM to 3PM	
<u>3PM to 11PM</u>	
11PM to 7AM	
Tuesday	
7AM to 3PM	
<u>3PM to 11PM</u>	
11PM to 7AM	
Wednesday	
7AM to 3PM	
3PM to 11PM	
<u>11PM to 7AM</u>	
Thursday	
7AM to 3PM	
<u>3PM to 11PM</u>	
<u>11PM to 7AM</u>	
Friday	
7AM to 3PM	
3PM to 11PM	
Saturday	
7AM to 3PM	
3PM to 11PM	
<u>11PM to 7AM</u>	

Please provide dates on any known or expected vacations, deployments and / or trainings lasting more than one week: