

**Citizens Fire Company**  
**200 CITIZENS WAY**  
**CHARLES TOWN, WV 25414**  
**Membership Application Form**  
**[Rev. 2008]**

*\*All information and references given on the application may be verified by the Fire Chief/Administrator of the organization.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
D.O.B.: \_\_\_\_\_ S.S. # \_\_\_\_\_  
*(Federal Law Prohibits Age Discrimination)*

Driver's License Number and State: \_\_\_\_\_  
Driver's License Class and Expiration Date: \_\_\_\_\_  
Current Employment or Name of School: \_\_\_\_\_

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**Educational background:**

High School/Tech School: \_\_\_\_\_  
College/Vocational School: \_\_\_\_\_  
Post Graduate: \_\_\_\_\_  
Military Experience: \_\_\_\_\_

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**Previous Firefighting/ ESO Experience:**

Fire Company/ESO: \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_  
Fire Chief's/Administrator's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fire Company/ESO: Date: \_\_\_\_\_ Rank: \_\_\_\_\_  
Fire Chief's/Administrator's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Total years involved in ESO: \_\_\_\_\_

**Fire Schools/Training [Firefighters/Rescue, EMS, etc.]**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Health Information:**

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

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Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [fear of height, claustrophobia, etc.]

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Name of Person to contact in case of an emergency: \_\_\_\_\_

Emergency Phone Number: (    ) \_\_\_\_\_

Beneficiary [Relationship]: \_\_\_\_\_

**Background Investigation:**

Have you every been convicted of a crime? Yes     No

[If yes, please explain]

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I agree to permit Citizens Volunteer Fire Company, Inc. to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization. This information will be held in confidence by the Citizens Volunteer Fire Company, Inc.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The applicant certifies that the above information is true and accurate.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Fire

Chief/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

## **FIREFIGHTER APPLICANT PHYSICAL EXAMINATION**

\_\_\_\_\_  
APPLICANT'S NAME & DATE

/ /  
\_\_\_\_\_  
BIRTHDATE AND AGE OF APPLICANT

### **HEALTH HISTORY (applicant to fill out)**

YES	NO		YES	NO	
___	___	Head or spinal injuries	___	___	Nervous Stomach
___	___	Seizures, fits, convulsions, or fainting	___	___	Rheumatic fever
___	___	Extensive confinement by illness or injury	___	___	Asthma
___	___	Cardiovascular disease	___	___	Kidney disease
___	___	Tuberculosis	___	___	Muscular disease
___	___	Diabetes	___	___	Psychiatric disorder
___	___	Gastrointestinal ulcer	___	___	Any other nervous disorders
___	___	Chest Pain or trouble breathing			

**DO NOT WRITE BELOW THIS LINE**

**PHYSICIAN USE ONLY**

HEIGHT \_\_\_ FT. \_\_\_ IN.

WEIGHT \_\_\_\_\_ LBS.

OVERWEIGHT  YES  NO

BLOOD PRESSURE \_\_\_\_\_

PULSE RATE \_\_\_\_\_

VISION BOTH EYES \_\_\_/\_\_\_

CORRECTED \_\_\_ UNCORRECTED \_\_\_

URINE- SPEC. GR \_\_\_\_\_

PROTEIN \_\_\_\_\_

SUGAR \_\_\_\_\_

HEARING  GOOD  POOR

### **PHYSICAL EXAMINATION**

YES	NO	
___	___	General: Well appearing, well nourished in no distress
___	___	Skin: good turgor, no rash or prominent lesions
___	___	Eyes: visual acuity intact, conjunctiva clear, sclera non-icteric, EOM intact, PERRL
___	___	Ears: TM's translucent, hearing grossly intact
___	___	Mouth: Mucous membranes moist, no mucosal lesions
___	___	Teeth/Gums: No obvious caries or periodontal disease
___	___	Pharynx: Mucosa non-inflamed, no tonsillar hypertrophy or exudates
___	___	Neck: supple, no adenopathy
___	___	Heart: regular rate and rhythm, no murmur or gallop
___	___	Lungs: clear to auscultation
___	___	Abdomen: no tenderness, organomegaly, masses or hernia
___	___	Back: spine normal without deformity or tenderness, no CVA tenderness
___	___	GU: testes nl size w/o masses, no inguinal hernias
___	___	Extremities: No deformities, cyanosis, and edema
___	___	Musculoskeletal: normal gait and station. No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions, decreased range of motion, instability, atrophy or abnormal strength or tone in the head, neck, spine, ribs, pelvis or extremities.
___	___	Lymphatics: No lymphadenopathy in cervical, axillary, or inguinal areas
___	___	Person examined is physically suitable for work as a Firefighter.

Examined by: \_\_\_\_\_ Date: \_\_\_\_\_

**JEFFERSON URGENT CARE 84 SOMERSET BLVD. CHARLES TOWN, WV 25414  
(304) 728-8533**

I, \_\_\_\_\_, HAVE MADE AN APPLICATION FOR  
(PLEASE PRINT YOUR NAME)  
MEMBERSHIP IN THE CITIZENS VOL. FIRE COMPANY, INC., OF CHARLES TOWN,  
WEST VIRGINIA. I UNDERSTAND THAT IN ORDER FOR MY APPLICATION TO BE  
PROCESSED, A COMPLETE BACKGROUND INVESTIGATION WILL BE CONDUCTED  
BY OFFICIALS OF THE CITIZENS VOL. FIRE COMPANY INC. I HEREBY  
SPECIFICALLY AUTHORIZE ANY PERSONS WHATSOEVER TO PROVIDE THE  
MEMBERSHIP OF CITIZENS VOL. FIRE COMPANY, INC. ALL INFORMATION  
CONCERNING ME, AND I HEREBY RELEASE THE CITIZENS VOL. FIRE COMPANY,  
INC., ITS MEMBERSHIP, AND ANY PERSONS OR CORPORATIONS SUPPLYING  
INFORMATION FROM ANY AND ALL LIABILITY TO ME, MY HEIRS AND ASSIGNS  
IN CONNECTION WITH SAID BACKGROUND INVESTIGATION AND THE SUPPLYING  
OF INFORMATION THEREWITH.

GIVEN UNDER MY HAND AND SEAL THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC'S SIGNATURE & DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SPONSORING MEMBER'S SIGNATURE & DATE