



BENNET RURAL FIRE & RESCUE

480 FIR STREET P.O. BOX 218
BENNET, NE 68317

MEMBERSHIP APPLICATION

(please print)

First Name: _____ Last Name: _____ Middle Initial: _____

Age: _____ Gender: _____ Marital Status: _____ Spouses name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: Home _____ Mobile _____ Work _____

E-mail: _____ Facebook: Yes No

Driver's License Number: _____

Have you been in a motor vehicle accident in the past two (2) years? Yes No If yes, describe in detail:

Have you received any traffic violations within the past two (2) years? Yes No If yes, describe in detail:

Have you ever been convicted of any offense other than a minor traffic violation: Yes No If yes, describe in detail:

EDUCATION

Highest Level of Education Obtained: _____

Degree Obtained: _____ Major(s) _____

Health or physical limitations or restrictions: _____

EMPLOYMENT/WORK EXPERIENCE & HISTORY

Present Employer: _____

Supervisor's Name: _____ Phone: _____

Address: _____ Job Title: _____

Dates Employed: _____ Total Time Employed: _____

Working Hours per week: _____ Able to leave work to respond: Yes No

Specific Duties:

Is Employer aware of this application? Yes No

**Please attach resume if available*

EXPERIENCE

Any Fire / Medical (EMS) / Rescue experience: Yes No

Past Fire/Rescue/EMS Associations/Departments: _____

Supervisor's Name(s): _____ Phone: _____

Address: _____ Job Title(s): _____

Total time of participation: _____

Fire, Medical (EMS) / Rescue Training/Skills/Experience: List any special qualifications or experience that may qualify or help you obtain membership (i.e. seminars, special awards, professional memberships, licenses, certificates, etc.):

Do you have any current or expired certificates in either of the medical or fire protection services?

Certificate(s)/Date of expiration:

NON-EMPLOYER REFERENCES

Name: _____ Phone _____

Address: _____ Relationship: _____

Name: _____ Phone _____

Address: _____ Relationship: _____

I understand this application constitutes part of the examination process. It must be completed fully and accurately, even if a resume or other supporting materials are or are not attached. Applications may be rejected or receive less consideration if answers are incomplete, vague or evasive. All statements are subject to investigation. Statements found to be false, exaggerated or misleading may result in disqualification. I understand that Bennet Rural Fire and Rescue is NOT a social club and that I will give freely of my time and attend functions of the department including: calls, meetings, trainings/drills, community service, committees, and other duties. With my signature, I state that I will work and operate according to the by-laws, set standards of guidelines and procedures of Bennet Rural Fire and Rescue.

COMPLETE THE APPLICATION AND RETURN TO A FIRE DEPARTMENT MEMBER

Applicant Signature: _____ Date: _____

Current Member Signature: _____ Date: _____