

NICEVILLE FIRE DEPARTMENT  
MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSAN: \_\_\_\_\_ Married: Y \_\_\_ N \_\_\_ Spouse name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

List previous addresses for the past five years, also dates lived there:

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List previous firefighting/medical experience: \_\_\_\_\_

Give your reasons for desiring membership in this department: \_\_\_\_\_

Give name and address of current employer and your job description: \_\_\_\_\_

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Florida FF2 Certificate # \_\_\_\_\_ Florida EMT/P Certificate# \_\_\_\_\_

Have you ever been refused membership in or dropped from any fire department? Y \_\_\_ N \_\_\_

If yes, give name and address of fire department and reason(s) for refusal/drop. \_\_\_\_\_

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Give height \_\_\_\_\_ and weight \_\_\_\_\_. Do you have any physical impairment? Y \_\_\_ N \_\_\_

If yes, give brief description: \_\_\_\_\_

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Have you ever been arrested for other than a speeding/parking violation? Y \_\_\_ N \_\_\_

If yes, give date, location, name of police department involved: \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Y \_\_\_ N \_\_\_

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Do you have a current, valid driver's license? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, list the issuing state, license number, and expiration date: \_\_\_\_\_

Affidavit

I, \_\_\_\_\_ being duly sworn, do, by this statement, certify that I have personally read and have answered each and every question therein, and do solemnly swear that each and every answer is full and correct in every respect. I authorize any person to release any information, other than libelous, to the Niceville Fire Department, and I release said parties from all liability for any damage which might result from issuing same. I understand that any false or misleading statements or omissions of important information may be sufficient grounds for non acceptance or for dismissal if subsequently accepted. I agree to submit to all specified interviews, examinations and training required pursuant to acceptance. If accepted, I shall comply with all orders, rules, and regulations of the Niceville Fire Department as outlined in the constitution and by-laws or as issued by the officers appointed over me.

\_\_\_\_\_  
Applicant will sign in black ink on this line in the presence of a Notary Public.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**Notary Public**

My commission expires: \_\_\_\_\_

Approved / Disapproved

Approved / Disapproved

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Director

\_\_\_\_\_  
Date

Date departed the fire department: \_\_\_\_\_

Reason for departure: \_\_\_\_\_

Date of background check: \_\_\_\_\_

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