

Rankin County Emergency Services
Fire Membership Application
(Please type or print)

Name: Last _____ First _____ MI _____

Physical Address: _____

Fire District: _____

DOB : ____ / ____ / ____ SS#: ____ - ____ - ____

Phone: _____ Alternate phone: _____

Do you have a MS driver's license? Yes No If no, explain: _____

Drivers License #: ____ - ____ - ____

Do you have personal liability insurance on your vehicle? Yes No

Have you had any traffic violations in the past three (3) years? Yes No

If yes, explain: _____

Have you ever been arrested? Yes No If yes, explain _____

Do you have any fire fighting experience? Yes No If yes, please provide documentation of experience.

List three character references other than relatives:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Does RCES have permission to perform a criminal background check as well as a driver history?

Yes No

I, the undersigned, state that all information given is in fact correct and true. I hold RCES, its agents, or affiliates harmless and in no way liable for the results of any background information obtained.

Signed: _____ Date: ____ / ____ / ____

Valid for 90 days