

CITY of LEXINGTON



Chief: Doug Acred
88 First Street, Lexington, TN 38351
Phone: (731) 968-8219
Fax: (731) 968-3743

Name _____ SS#(last 4 digits) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Drivers License # _____ U.S.Citizen(Y/N) _____

E-Mail _____ Education _____

Employer _____ Phone _____

Work Schedule _____

Have you ever been convicted of a felony _____ If yes, give details _____

Physical impairments (if any) _____

Fire service experience _____

Character references (List 2, no relatives) _____

Emergency contacts : Name _____ Phone _____

Name _____ Phone _____

I hereby certify that I am at least 18 years of age and have no drug or alcohol dependency, abuse or associated problem and, if accepted as member of Lexington Fire Department staff, I agree and understand that: (1) It is my responsibility to respond to all calls and regular training sessions and maintain a 50% overall attendance, (2) I will grant my permission to have a background check conducted, (3) I will be responsible for and maintain any equipment issued to me and return it to the department when requested or at the time I resign my membership, (4) I will abide by the departments Standard Operating Procedure, (5) this position is strictly volunteer and there is no employee/employer relationship between the City of Lexington and I. (6) I will not be paid wages for work performed and a volunteer firefighter and (7) being a member of the City of Lexington Fire Department is not a prerequisite to becoming an employee of the fire department.

Applicants Signature

Date