

Priceville Fire & Rescue
530 Highway 67 S.
Decatur, AL 35603

Application for Membership

Name: _____ Date: _____

Date of Birth: ____ / ____ / ____ Email: _____

Address: _____

Phone number (H): _____ (C): _____

Place of Employment: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

Previous Firefighting Experience: _____

Hours Available for Service: _____

Reasons for Wanting to Join Priceville Fire Department: _____

***By signing below, I agree to the following provisions:

1. Priceville Fire and Rescue may perform a criminal background check on me.
2. If accepted as a member, I will submit to random drug and alcohol tests by order of the Chief and/or board of directors of Priceville Fire and Rescue.
3. I understand that my application for membership may be rejected by Priceville Fire and Rescue.
4. I agree to abide by all rules and guidelines set forth by Priceville Fire and Rescue.

Signature of Applicant: _____

For Department Use:

Date Submitted: _____

Acceptance Date: _____ Rejection Date: _____