



SOUTHEAST RURAL FIRE DEPARTMENT

7700 EIGER DRIVE
LINCOLN, NEBRASKA, 68516
402-483-6769
www.southeastfireandrescue.com

APPLICATION FOR MEMBERSHIP

Please PRINT all information. Answer all questions to the best of you knowledge.

Name: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ E-mail Address: _____

Telephone Number: _____ Cell Number: _____ Sex: Male Female

Marital Status: Married: Single: Divorced: Nebraska Drivers License #: _____

EMPLOYMENT:

Present Employer: _____ Address: _____

Position: _____ Work Schedule: _____ Are you able to leave work for calls? Yes No

PERSONAL REFERENCES:

Name Address Telephone

EDUCATION:

High School: _____ Year Graduated: _____

College: _____ Degree: _____ Year: _____

FIRE / EMS TRAINING, CERTIFICATIONS OR EXPERIENCE:

CRIMINAL:

Have you ever been convicted of a crime (excluding traffic violations?) Yes No

If yes, Explain: _____

PHYSICAL HISTORY:

Do you have any of the following?

Heart Disease Yes No

Epilepsy Yes No

Emphysema Yes No

Asthma Yes No

Diabetes Yes No

Cancer Yes No

List any physical handicaps, serious illness or injuries you have: _____

If this application is accepted, you will serve a six-month probationary term and you may be rejected at the end of that term. This application is subject to investigation and verification and SEFD reserves the right to consult with references and employers. To the best of my knowledge the above and preceding questions have been answered truthfully.

Signature of Applicant: _____ Date: _____

Completed by SEFD Chiefs Board

Date of Interview: _____ Interviewed By: _____

Accepted _____

Rejected If rejected date letter sent: _____

Interview Comments:

