



Salina Fire Department

Est. 1911

80 N. 100 W
Salina, UT 84654

Application for Membership

Name: Last First MI. Phone:

Address: Birthdate:

City, State, Zip: Email:

Employment: Employer Name & Address:

List any Previous Fire or EMS Training:

Previous Member of a Fire Department in Utah: Yes: No:
If yes, which one and for how long:

Have you ever had a Felony Conviction: Yes: No:
If yes, how long ago, and are you still on probation/parole:

Please explain why you wish to become a member of Salina Fire Department:

Do you agree to submit to a possible background check and drug test: Yes: No:

Do you have a valid Utah Drivers License: Yes: No:
If no, please explain:

I, the undersigned, hereby verify that all information given in this application is true and correct to the best of my knowledge and do, hereby, authorize Salina Fire Department, to verify all information on this application.
I will appear before the members of Salina Fire Department for a personal interview.

Signature

Date