



Tramway Rural Fire Department

5900 McDaniel Drive

Sanford, NC 27332



Membership Application

Date Submitted: ___/___/___

Date of Birth: ___/___/___

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(City)

(State)

(Zip)

Driver License: _____

(State)

(License Number)

(Class)

(Expire Date)

Social Security Number: _____

Email: _____

Contact Number: Mobile (____) _____ Backup # (____) _____

Have you ever been Convicted of a crime? (Traffic Violation / Criminal) in the past 3 years?

If Yes explain: _____

Past Fire Related Experience: (List Departments, List any Classes) _____

Reason for Joining Fire Service: _____

Your Fire Department Reference person: _____

Member Probation is a MINIMUM of one (1) Year or Discretion of the Fire Chief.

Please provide a COPY of your Driver's License or Photo ID.

Person Receiving application: _____ Date: _____

Receiving Driver License Copy Yes () No () Please staple any additional attachments.

Application Review Date: _____

Application Approve/Deny Date: _____

