

900 East Second Street  
P.O. Box 1251  
Benicia, Calif. 94510

(707) 745-1688



...CALIFORNIA'S OLDEST VOLUNTEER FIRE DEPARTMENT - FORMED 1847

## CORPORATION APPLICATION

### Solano Engine Company #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_ Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Sex (*circle one*): M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone No.: (\_\_\_\_) \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Years, \_\_\_\_\_ Months

Education (*circle highest level*): HS Diploma Associate's Degree Bachelor's Degree Master's Degree

College Attended: \_\_\_\_\_ Major / Minor: \_\_\_\_\_

Medical Information: Do you have any medical or physical disabilities or other limitations that could effect your participation in the activities of the Corporation? (*circle one*): Y N

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_

Date of Application: \_\_\_\_\_

#### ***For Corporation Use***

Date of Solano Interview: \_\_\_\_\_

Interview Panel: \_\_\_\_\_

Anniversary Month / Year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_