

LITTLE SILVER FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

ALL APPLICANTS MUST BE FINGERPRINTED. CALL LSPD FOR APPOINTMENT.

PLEASE DROP OFF APPLICATION IN THE FIREHOUSE MAILBOX (PARKING LOT) IN A
SEALED ENVELOPE ADDRESSED NEW MEMBER APPLICATION.

PLEASE CIRCLE ONE: ACTIVE FIRE POLICE LADIES AUXILARY SOCIAL

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

CURRENT ADDRESS: _____ TOWN: _____

HOME PHONE: _____ OTHER PHONE: _____

IF LESS THAN TWO (2) YEARS AT CURRENT ADDRESS LIST PRIOR ADDRESS BELOW:

STREET ADDRESS: _____ TOWN: _____

S.S.N. _____ EMPLOYER: _____

OCCUPATION: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: _____ NORMAL WORK HOURS _____

LIST ANY PREVIOUS FIREFIGHTING EXPERIENCE:

F.D. NAME: _____ F.D. PHONE # _____

ATTACH COPIES OF ANY FIREMATIC TRAINING CERTIFICATES

PROVIDE NAME, ADDRESS AND TELEPHONE OF TWO (2) PERSONAL REFERENCES WHO ARE NOT
RELATIVES OR EMPLOYERS:

1- _____

2- _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

ARE YOU AVAILABLE TO RESPOND DURING THE DAY TIME? YES NO

SIGNATURE OF APPLICANT _____

COMPANY PRESIDENT SIGNATURE DATE: _____

FIRE CHIEF SIGNATURE & DATE: _____

BACKGROUND CHECK COMPLETED BY P.D.: _____