

BENNINGTON FIRE DEPARTMENT MEMBERSHIP APPLICATION

Name:		Social Security No.:	
Address:	City:	State:	Zip:
Date of Birth:	Contact Number:	Email address:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you obtained a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License No.:	State Issued:	Expiration Date:	
Have you ever been convicted of any criminal act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details and approximate dates:			
Do you have any health impairments; physical, mental, or medical that would affect your duties in the fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			

What type of position are you volunteering for?

Interior Firefighter Exterior Firefighter Apparatus Driver Department Support Other

List Other:

Summarize any pertinent experiences, skills, or qualifications you have which could be beneficial to the department:

Please Provide Three References You Have Known For Over Three Years (No Family Members)			
#	Name	Complete Address	Contact Number
1			
2			
3			

BY APPLICATION OF MY SIGNATURE I AM ALLOWING THE BENNINGTON FIRE DEPARTMENT AND/OR ITS APPOINTED REPRESENTATIVES TO INVESTIGATE MY BACKGROUND AND DRIVING RECORD AS THEY DEEM NECESSARY:

SIGN: _____ PRINT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

Background Check:	Medical Physical:	Company Assigned:
P F	P F	34 35 36 39