



Greenville Fire Department

7 River Street, Greenville, NH 03048



Application for Membership

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License # _____ State of Issue: _____

License Type (circle): Operator CDL-A CDL-B CDL-C

Driver's Licesnse Endorsements/Restrictions: _____

Please Attach a copy of your Driver's License Front and Back

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Spouse / Significant Other: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

List medical history that would be pertinent to your fire department abilities:

Allergies to Medications or Food: _____

List any current medications you are on: _____

Primary Care Physician: _____ Phone: _____

Have you ever been convicted of a crime: Yes No If yes, please list

Have you ever been a member of another department: Yes No

If yes, please list and reason for leaving: _____

Do you have any Fire Department training: Yes No

If yes, please list and attach certifications or transcripts: _____

Do you have any Emergency Medical training: Yes No

If yes, please list and attach certifications or transcripts: _____

Current Employer: _____

Employer City: _____ **State:** _____

Supervisor: _____ **Contact Phone:** _____

Please list three (3) references not related to you:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I will answer calls, attend meetings, training classes, work details, special details, and work within the chain of command and standard operating guidelines of the Greenville Fire Department.

I hereby authorize the Greenville Fire Department to complete a police and reference check on my character. I also authorize these findings and all information on this application to be discussed among the members at a regular meeting before voting to accept or deny my membership.

Applicant's Signature: _____ **Date:** _____

----- **Below for Department Use Only** -----

Date Received: _____

Date of Chief's Review: _____ **Approved / Denied-Comment:** _____

Date of Officer Review: _____ **Approved / Denied-Comment:** _____

Date of Members Vote: _____ **Approved / Denied-Comment:** _____