

**TOWN OF SALEM
SALEM/GARDNER LAKE VOLUNTEER FIRE COMPANY, INC.
APPLICATION FOR MEMBERSHIP**

Date of Application _____

Probation Date _____

NAME _____
FIRST Middle Last

ADDRESS _____
STREET TOWN/STATE ZIP CODE

PHONE # _____

PREVIOUS ADDRESS _____
STREET TOWN/STATE ZIP CODE

EMERGENCY CONTACT _____
NAME PHONE #

RELATIONSHIP _____

DRIVER LICENSE # _____ LICENSE CLASS _____ CDL Y / N

EMPLOYED BY _____ PHONE# _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPT. OR AMBULANCE SERVICE? Y / N

WHAT DEPT OR SERVICE _____ PHONE# _____

IF ACTIVE IN WHAT CAPACITY? FIREFIGHTER AMBULANCE FIRE POLICE CADET

HAVE YOU EVER BEEN ARRESTED/ CONVICTED? IF YES PLEASE EXPLAIN ON BACK OF PAGE.

I understand that the statements above are true to the best of my knowledge. I give the Salem/ Gardner Lake Volunteer Fire Co., Inc. permission to fully investigate my background. I understand that any false statement will disqualify me for membership in the Salem/Gardner Lake Volunteer Fire Co., Inc.

Signature

Date

Investigating Committee Report FAVORABLE UNFAVORABLE DATE _____

Company Vote for Probation FAVORABLE UNFAVORABLE DATE _____

DUES MUST ACCOMPANY THIS APPLICATIONS ACTIVE \$10.00 CADET \$5.00

Recommended By _____ . This person shall act as sponsor for the probation period. If active or cadet a certificate of physical examination must accompany this application. If Cadet, a parent or guardian's signature must be on this application.

Signature Parent or Guardian

Date

References - List three references that you have known for a minimum of one year.

1. _____
Name Position/Occupation Address Zip

Telephone Work

2. _____
Name Position/Occupation Address Zip

Telephone Work

3. _____
Name Position/Occupation Address Zip

Telephone Work

List past employers, list present employer first.

1. _____
Company Name Telephone & Fax Number

Address Supervisor

2. _____
Company Name Telephone & Fax Number

Address Supervisor

3. _____
Company Name Telephone & Fax Number

Address Supervisor

4. _____
Company Name Telephone & Fax Number

Address Supervisor

5. _____
Company Name Telephone & Fax Number

Address Supervisor

Signature, Chairperson Investigation Committee

Date