

Lempster Fire Department
929 RT 10
Lempster NH, 03605

Name:

Are you over 18:

Social Security Number:

Type of License and Number:

Address:

Place of employment:

How long have you lived in Lempster:

Previous Training:

Phone Number(s)

List Motor Vehicle Record:

Have you ever been arrested? If yes the reason and when:

I understand that if voted in I will be a probationary member for at least 1 year. A vote will be taken at that time to determine if all requirements have been met to allow me to be a regular member. I also understand that before becoming a regular member I must present the chief with proof of a physical examination, at my expense. I am also aware that the department will do a security background check and signing this document is my permission to do so.

Applicant's Signature:

Date:
