

LYNDEBOROUGH VOLUNTEER FIRE DEPARTMENT



129 Forest Road, PO Box 159 Lyndeborough NH 03082

APPLICATION

How did you learn	n about us?	
DATE:		
NAME:		
Address:		
City:		
Home Phone:		
Other Phone:		
Email Address:		
Date of Birth:		
	izen, or are you otherwise	authorized to work in the U.S. without any restriction? [] Yes [] No
If yes, please descri	ribe circumstances:	[] res [] No
		or asked to resign from any position of employment? [] Yes [] No
If yes, please descr	ibe circumstances:	
and the same of th		
	n the target of a fire investi [igation, arson investigation, or arrested for any fire-related [] Yes [] No
If yes, describe in d	etail:	

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School Name		Location	Years Attended	Degree Received	Major
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Fire/EMS training	, certifications.	, or licenses held:		A. C.	The second se
List other information	ion pertinent to	o the position you a	are seeking:		
Why do you want	o be a member	of this organization	on?		
		EMI	PLOYMENT		
List your previous	employers, star	rt with present emp	loyer: (Most Recent Fi	rat)	
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Job Title					
Dates Employed Address					
City					
State					
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Supervisor					
Duties Performed					
Reason for					
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2.					
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ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary to my membership with this Department.

This application shall be considered active for a period of time not to exceed 45 days.

In the event of membership, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Lyndeborough Volunteer Fire Department

Signature of Applicant Date