



# LYNDEBOROUGH VOLUNTEER FIRE DEPARTMENT

129 Forest Road, PO Box 159  
Lyndeborough NH 03082



## APPLICATION

How did you learn about us? \_\_\_\_\_

DATE: \_\_\_\_\_

NAME:	
Address:	
City:	
Home Phone:	
Other Phone:	
Email Address:	
Date of Birth:	

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  
[ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No  
If yes, please describe circumstances:

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Have you ever been involuntarily terminated or asked to resign from any position of employment?  
[ ] Yes [ ] No

If yes, please describe circumstances:

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Have you ever been the target of a fire investigation, arson investigation, or arrested for any fire-related crime?  
[ ] Yes [ ] No

If yes, describe in detail:

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EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Fire/EMS training, certifications, or licenses held:


List other information pertinent to the position you are seeking:


Why do you want to be a member of this organization?


### EMPLOYMENT

List your previous employers, start with present employer: (Most Recent First.)

1.

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	
Other	

2.

Employer	
Job Title	
Dates Employed	

Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	
Other	

3.

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	
Other	

4.

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Duties Performed	
Reason for Leaving	
Other	

NH drivers License Type : \_\_\_\_\_ restrictions? Y [ ] N [ ] Ever been suspended? Y [ ] N [ ]  
 Have you been rejected by an insurance company? Y [ ] N [ ]  
 Have/are you being treated for mental illness or any physical disorders? Y [ ] N [ ]  
 Any current disabilities? Y [ ] N [ ] Handicap, disease, allergy, other problems ? Y [ ] N [ ]  
 Past or current drug problems? Y [ ] N [ ]

Any other medical history:

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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