

Antrim Fire and Ambulance Application



Name _____ Date _____

Address _____ DOB _____

Phone (H) _____ (W) _____

In case of emergency notify: _____ Phone: _____

Employer: _____ Hours: _____

Can you leave work for fires? YES NO

Do you have any disabilities that may keep you from performing firefighting/rescue duties? YES NO

If so, explain: _____

How were you referred to the department? _____

Which department do you wish to apply for? Fire _____ Ambulance _____ Both _____

Any firefighting or rescue experience? YES NO Department _____

Why do you want to join? _____

Training: _____

(Please provide copy of certificates or copy of current state manuscript)

Do you plan on residing in Antrim for 2 years or longer? YES NO

Previous address: _____ How Long: _____

List at least 3 references and how long they have known you, on the reverse.

I understand that misrepresentation or omission of facts may be cause for suspension and/or dismissal.

Signature _____ Date _____

Review Committee _____ Date _____

Board of Selectman _____ Date _____

Fire Chief _____ Date _____

Deputy Chief/Ems _____ Date _____

6 mos. Prob. ends: _____ Full Membership: _____ Dismissed: _____