



Brookline Fire Department

Board of Fire Engineers

Po Box 660

Brookline, New Hampshire 03033

MEMBERSHIP APPLICATION

NAME: _____
 Home Address _____
 Mailing Address (if different) _____
 Social Security # _____ Birthdate _____
 Home Phone _____ Work Phone _____
 Driver's License # _____ State _____ Class _____
 Employer _____ Job Title _____
 Address _____
 E-mail address _____

FIRE CERTIFICATION/EXPERIENCE (Submit copies of Certificates)

Town: _____
 Certification: _____

Do you have any particular skills you feel would be beneficial to the BFD? _____

Are you a registered Brookline NH voter? YES _____ NO _____

Could you be excused from work in case of extreme emergency? YES _____ NO _____
 Comments _____

Would you be willing to answer Fire Department emergency calls at any time of day or night?
 YES _____ NO _____

Why would you like to be a member of the Brookline Fire Department?

PHYSICAL DESCRIPTION

1. Describe any physical disabilities or limitations: _____

2. Indicate your present health: []Excellent []Good []Poor

PERSONAL REFERENCES

1. Name _____ Phone _____
Address _____
2. Name _____ Phone _____
Address _____
3. Name _____ Phone _____
Address _____

LEGAL RECORD

1. Have you ever been convicted of a crime in any court?: NO
 YES; describe _____
2. Have you ever had your license suspended or revoked?: NO
 YES; describe _____
3. Have you been involved as a party in a civil litigation?: NO
 YES; describe _____
4. Are you required to register as a sex offender in the state of New Hampshire or any other state?: NO YES;
describe _____

I have read and understand the RULES AND REGULATIONS OF BOARD OF FIRE ENGINEERS AND BROOKLINE FIRE DEPARTMENT (Effective 5/6/96)

Signature _____ Date _____

I understand that a pre-employment background check will be conducted by the Fire Chief using the completed Criminal Record check form and MV Record Check forms that have been completed and notarized for the purpose of joining the Brookline Fire Department. I also agree to a pre-employment Base-Line physical as required. I certify that all the information provided by me is true and accurate to the best of my knowledge.

Signature _____ Date _____

Received By _____ Date _____

Approved for Membership Rejected for Membership

Date/Initials _____ Date/Initials _____