



Newbury Fire Department
952 Route 103, PO Box 373
Newbury, NH 03255

Application for Membership

Name: _____ Date: _____

Address: _____ Phone _____

Town: _____ State: _____ Zip _____ Cell Phone _____

E-Mail _____ Social Security # _____

Emergency Contact _____ Relationship _____ Phone: _____

Education: High School Y /N College Y /N Other _____ Military _____

Employer: _____ Position _____ Phone: _____

Previous Employer _____ Position _____ Dates _____ Phone _____

May we contact employers Y /N

Newbury Fire Department Sponsor/Reference _____

Personal References: Name _____ Phone _____ Name _____ Phone _____

Position applying for: _____ Are you over 18 years of Age _____

Driver's License # _____ State _____ Type _____ CDL Certificates _____

US Citizen: Y /N Are you authorized to work in the US Y /N

Have you been a member of a professional, call or volunteer fire department or EMS squad? Y /N

If so provide name/position and years served: _____

Are you a licensed NH EMS provider: If so License # _____ and type: _____ CPR Cert _____

Current Hepatitis vaccination: Y /N If not would you be willing to be vaccinated: Y /N

List any firefighter certifications _____

Do you have any physical limitations that would prevent you from fulfilling your responsibilities as a member of the fire department Y /N If s explain _____

Would you be submit to a physical examination by a medical doctor if requested: Y /N

Availability: Weekday daytime hours Y /N , Nights Y /N , Weekends Y /N

Have you ever been convicted of a misdemeanor or felony: Y /N If so explain _____

To the best of my knowledge, all statements and information stated on this application is true. By signing this statement, I authorize the Town of Newbury to conduct a criminal background, motor vehicle record check and other background check as per Town of Newbury employment policy. I understand that this application is subject to approval by the Newbury Fire Department and the Town of Newbury Board of Selectmen.

Signature _____ Date _____

Print Name _____

Agreement Section:

I _____
(Print Name) (Address)

Do hereby apply for membership in the Newbury Fire Department located in the Town of Newbury New Hampshire. If appointed to the Newbury Fire Department, I agree to abide by all rules, regulations policies and procedures of the Town of Newbury and the Newbury Fire Department. I agree to follow all orders of department officers and to attend department training, meetings and other training as required by the Newbury Fire Department. I understand that this position is a 24 hour paid on call position and agree to respond to emergencies as directed by the department.

Signature _____ Date _____

Print Name _____

Do not write below this line

Remarks _____

Standing Committee _____

Fire Chief _____

Background Check _____

Town Administrator _____

Board of Selectmen _____