

Application for Membership with Mars Hill Fire Department

Name \_\_\_\_\_  
First Middle Last (Nickname)  
SS# \_\_\_\_\_ Drivers license # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street and Number City State Zip Code  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell# \_\_\_\_\_  
Cell Phone Carrier \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Family First Name Middle Last  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Spouse \_\_\_\_\_  
Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Address: ( List all residences during the past 10 years)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Character References—Please give complete names, addresses, and phone numbers  
references need to be non-related and dis-interested persons  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been a member of another Fire Department ? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes what was the name of the Fire Department, telephone number, and how long  
were you a member ? \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all answers and statements in this application are true and  
accurate to the best of my knowledge. I further understand that a Criminal  
History and Drivers License History will be done.**

Signature \_\_\_\_\_ Date \_\_\_\_\_