

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 _____