



MEBANE FIRE DEPARTMENT

JUNIOR FIREFIGHTER APPLICATION

Name (First, Middle, Last) _____

Address _____

City _____ State _____ ZIP _____

Applicant's Phone _____ Parent/Guardian Phone _____

Email address _____ Parent/Guardian Name _____ Parent/Guardian Email _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Driver's License - Yes () No () Number _____

High School _____ Grade: 9 10 11 12

Employer's Name _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes / No If Yes, for what?

List any special skills and/or certifications such as Previous Fire, Rescue, First Aid, and/or Medical Experience:

Please list three personal references that we may contact, including name, address & phone: Only 1 may be a family member.

The information that I have provided on this application is accurate to the best of my knowledge, and I authorize the Mebane Fire Department to verify this information. Any misrepresentation or deliberate omission of any fact on the application or on other documentation submitted will be justification for refusal into or the dismissal from the organization.

Applicant Name

Date