



New Holland Fire Department Membership Application

Personal Information

- Full Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: (____) _____
- Email Address: _____
- Date of Birth: ____/____/____

Emergency Contact Information

- Name: _____
- Relationship: _____
- Phone Number: (____) _____

Skills and Experience

- Do you have any previous firefighting experience? ☐ Yes ☐ No
 - If yes, please describe:

- Do you have any relevant certifications (e.g., CPR, First Aid, EMT)? ☐ Yes ☐ No
 - If yes, please list:

- Do you have any other skills or experience that would be valuable to the fire department?
 - If yes, please describe:

Driving Record/Criminal History

- Have you ever had your driver's license suspended or revoked? ☐ Yes ☐ No
 - If yes, please explain:

- Have you ever been convicted of a felony? ☐ Yes ☐ No

Physical Fitness

- Do you consider yourself physically fit enough to perform the duties of a firefighter? ☐ Yes ☐ No

References

- Please provide the names and contact information of two references who can speak to your character and work ethic:
 - Name: _____
 - Relationship: _____
 - Phone Number: (____) _____
 - Name: _____
 - Relationship: _____
 - Phone Number: (____) _____

Disclaimer and Signature

- I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information may result in disqualification from consideration or termination of membership if accepted.
- Signature:

- Date: ____/____/____