

HENNIKER FIRE DEPARTMENT  
216 Maple St.  
Henniker, NH 03242

**Application For Membership**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Business Address \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Type of License \_\_\_\_\_  
(CDL-A, B, etc.)  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Have you had any arrests/convictions/speeding tickets in the past five years?  
If yes, please explain: \_\_\_\_\_

Do you have any disabilities that may prevent you from completing the required training or performing the duties of a firefighter? If yes please explain.  
\_\_\_\_\_

List any previous Firefighting experience: \_\_\_\_\_

List any related training: \_\_\_\_\_

Please list names, addresses and phone numbers of three references who can attest to your character and abilities as a candidate for the Henniker Fire Department.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize the Henniker Fire Department to review any motor vehicle and/or criminal records pertaining to me. I understand that any information obtained by the record check will be considered in determining my suitability for membership on the Henniker Fire Department. I also certify that any person(s), agencies, or business who furnish information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s), agencies, or business from any and all liability which may be incurred as a result of furnishing information.

I swear that the information that I have supplied is correct and that I have not falsified any information. I agree that if accepted as a probationary member of the Henniker Fire Department, I will uphold its rules, regulations and by-laws to the best of my ability.

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