



Town of Pepperell, Massachusetts

FIRE DEPARTMENT

59 Main Street • P.O. Box 355
Pepperell, Massachusetts 01463-0355
Phone (978) 433-2113

APPLICATION FOR MEMBERSHIP

Please indicate interest in: Fire Suppression, EMS Services, Both

Date: _____

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Phone Number (Home): _____ (Work): _____

Availability (Days, Weekdays, Nights, Weekends): _____

Smoker or Non-Smoker: _____

Past Experience or Special education or abilities: _____

Any Physical or Mental Disorders that may prevent you from performing duties: _____

****All appointments to the department are contingent on passing the required pre-employment physical.**

****All applications will be kept on file and considered for one year.**

Applicant will then need to re-file application.

****I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the Company from all liability for any damage that my result from utilization of such information. I also give authorization to do a background and criminal check.**

Applicants Signature: _____ Date _____

Board of Engineers Approval

Board of Engineers Disapproval

