



Provincetown Fire Department
25 Shank Painter Road
Provincetown, MA 02657



APPLICATION FOR MEMBERSHIP

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

How long there? _____ Social Security Number _____ Date of Birth _____

Telephone _____ Work _____ Email _____
(Area Code) (Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Current EMT Certification # _____ State _____ Expiration Date _____

Have you ever been convicted of a felony in the last seven years? Yes No _____

Are you a citizen of the United States? Yes No _____

JOB INTERESTS/SKILLS

Position(s) applied for _____ Station desired? _____ Date _____

Have you applied for a position here before? Yes No If yes, when? _____

List any friends or relatives working for us. _____

Summarize any other special skills or qualifications _____

Do you have any physical handicaps which would prevent you from performing specific kinds of work?

If yes, please describe _____

Have you had a serious illness in the past 5 years? _____

If yes, please describe _____

Have you ever received compensation from injuries? _____

If yes, please describe _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? _____

IN CASE OF EMERGENCY NOTIFY: _____

Age _____ Marital Status _____ Height _____ Weight _____

What is your Blood Type? _____ Do you have any Allergies? _____