

LACONA VOLUNTEER FIRE COMPANY

Post Office Box 178
Lacona, New York 13803

APPENDIX A APPRENTICE APPLICATION FORM

CANDIDATES NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street / PO Box) (City) (Zip)

BIRTHDATE: _____ TELEPHONE #: _____

S.S. #: _____ DRIVER'S LICENSE #: _____

EMPLOYER NAME: _____ PHONE #: _____

WORK HOURS: from _____ to _____ other (shift) _____

EDUCATION: _____

3 REFERENCES (including one LFD member) (1) _____

(2) _____ (3) _____

LIST OTHER VOLUNTEER GROUPS (past and present): _____

WHY DO YOU WANT TO BECOME A MEMBER OF THE LACONA FIRE COMPANY?

PLEASE INDICATE WHETHER YOU ARE INTERESTED IN FOLLOWING
FIREFIGHTER EMERGENCY MEDICAL FIRE POLICE/OTHER

HAVE YOU EVER BEEN CONVICTED OF A FELONY CHARGE? _____

(CONTINUE ON BACK)