



# LISBON VOLUNTEER FIRE COMPANY, INC.

P.O. Box 40 • 16104 Frederick Rd • Lisbon, MD 21765 • lisbonvfc.org

PLEASE PRINT ALL INFORMATION

Date of Submission: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Last, First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Residence:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M  F

Are you a citizen of the United States? \_\_\_\_\_

Occupation: \_\_\_\_\_

Exact Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Have you ever been convicted (Felony or Misdemeanor) of any violation of the law, excluding minor traffic violations? Yes  No  If Yes, please describe below, stating the date, court, and disposition of the case, and include any cases in which you were given probation before judgment (or a similar



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finding in a state other than Maryland) (Conviction of a crime is not cause for an automatic barring to membership. Each case is considered on its own merit. Persons with record(s) of arrest and convictions may hold membership within this department.)

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Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Class: \_\_\_\_\_ Year of Issue: \_\_\_\_\_

Has any other license been issued to you in any other states or district?

Yes  No

If Yes: \_\_\_\_\_

State, License #, Class

Have you ever been a member of this or any other fire department?

Yes  No

Name of Department: \_\_\_\_\_

County of Department: \_\_\_\_\_ State: \_\_\_\_\_

Rank or role: \_\_\_\_\_ Years served: \_\_\_\_\_

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County of Department: \_\_\_\_\_ State: \_\_\_\_\_

Rank or role: \_\_\_\_\_ Years served: \_\_\_\_\_



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Have you ever had any previous firefighting or emergency medical training?

Yes  No  If yes, please explain:

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Have you ever been rejected, suspended, or expelled from this or any fire department or rescue group?

Yes  No

If Yes, please explain:

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Please obtain three references:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

