



Town of Lisbon Fire Department



Application for Employment

Date: _____

Name; Last, First, Middle

Date of Birth

Social Security Number

Drivers License Number

State Issued

Home Phone

Pager

Address

City

Zip Code

Place of Birth

Height

Weight

Person to be Notified in Case of Emergency

Relationship

Phone Number

Current Employer

Position

Phone Number

Address of Employer

City

Zip Code

Are you a legal Resident of Lisbon? _____ If so How many Years? _____ Hours of Employment? _____

Do you have a High School Diploma or GED? _____ College? _____ Major? _____

List any "serious" illness or injury now or in the past? _____

Do you understand the requirements and duties of the position you are applying for? _____

Do you believe you are physically able to perform those duties? _____

Truck Driving Experience (number of years, type of truck) _____

Firefighting experience (Department & # of years) _____

Training _____

(Please supply Documentation with your application)

Thank you for showing an interest in joining our family. Depending on your place of residency you may be eligible for membership in either the ET Smith Hose Company or the Lisbon Falls Fire Company. This position will take much of your time and is physically demanding, please keep this in mind. A complete physical exam will be provided prior to your hiring paid by the Town. Once you have completed this application you may drop it off at my office, the PD, either station, or mail to the address on the back. Someone will be in touch shortly for your interview. If you have any further questions you may contact me at 353-3000 ext.121. *Chief Galipeau*

Office use only

Background	Interview	Company	Physical

