## MISQUAMICUT FIRE DISTRICT APPLICATION FORM

| Name:                                                                |                                                                                                                                                                                                                        |                                      |          |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------|
|                                                                      | Last                                                                                                                                                                                                                   | First                                | M.I.     |
| Address:                                                             |                                                                                                                                                                                                                        |                                      |          |
| 114410551                                                            | Street                                                                                                                                                                                                                 |                                      |          |
|                                                                      |                                                                                                                                                                                                                        |                                      |          |
|                                                                      | Town                                                                                                                                                                                                                   | State                                | Zip      |
| Telephone:                                                           | Home Cell                                                                                                                                                                                                              | Social Security#:                    |          |
| Parent/Guardian                                                      | /Spouse Contact Information:                                                                                                                                                                                           |                                      |          |
| Name:                                                                |                                                                                                                                                                                                                        | Relationship:                        |          |
| Address:                                                             | Q:                                                                                                                                                                                                                     |                                      |          |
|                                                                      | Street                                                                                                                                                                                                                 |                                      |          |
|                                                                      | Town                                                                                                                                                                                                                   | State                                | Zip      |
| <b>Emergency Phon</b>                                                | e Number:                                                                                                                                                                                                              |                                      |          |
| □ Lifeguard Ca □ Beach/Facilit □ Beach Pass C □ Tractor Open □ Other | ger  ach Manager I Cert#Expiration I  aptain (RI Certification # y Attendant  control rator  for the Position applied for. Include a                                                                                   | Expiration Date:                     |          |
|                                                                      |                                                                                                                                                                                                                        |                                      |          |
| Required<br>Can you<br>Can you                                       | age 18, can you provide<br>I Proof of Eligibility for work?<br>commence work Memorial Day Week<br>If No, what will be your first workday'<br>work through Labor Day Weekend?<br>If No, what will be your last workday? | end? [ ] Yes [ ]<br>?<br>[ ] Yes [ ] | No<br>No |
| Signature:                                                           |                                                                                                                                                                                                                        | Date:                                |          |
| Please complete a                                                    | and return by March 1st to:                                                                                                                                                                                            |                                      |          |

Misquamicut Fire District Attention: Moderator P.O. Box 2962 Westerly, RI 02891