

**APPLICATION FOR ACTIVE FIREFIGHTER
UNION FIRE COMPANY OF HAMBURG #1
P.O BOX 255
HAMBURG, PA 19526
(610) 562-3056**

NAME _____

ADDRESS _____

PHONE # _____

DATE OF BIRTH _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

REFERENCES (NOT INCLUDING RELATIVES)

1. _____

2. _____

3. _____

PLACE OF EMPLOYMENT:

NAME _____

ADDRESS _____

PHONE # _____

SUPERVISOR _____

HOURS AVAILABLE FOR INTERVIEW: _____