



Blumenort Grunthal Kleefeld New Bothwell



Name: _____

Application Date: _____ (Applications will be kept on file for 12 months)

FIREFIGHTER CADET APPLICATION

**ACCURATE, LEGIBLE COMPLETION OF THIS APPLICATION FORM IS THE
DEPARTMENT SCREENING PROCESS**

I verify that the information on this application form is true and accurate.

**I hereby give consent to the Hanover Fire Department to conduct verification of any
information given, as required.**

**If accepted, I will undertake to perform all duties to the best of my ability, as may be
assigned to me by the Fire Chief or his/her delegated representative in the Hanover Fire
Department.**

SIGNED: _____ DATE: _____

Please PRINT all information requested on this application.
Incomplete applications will not be accepted.



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Name		Telephone	Cell	
			Home	
Birth date		Email Address		

Address			
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Do you have your parent's permission to apply to be a Firefighter Cadet?	YES	NO
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Parent/Guardian Name		Contact Number	
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Emergency Contact		Contact Number	
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Emergency Contact		Contact Number	
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Background Information

(use another sheet of paper if more space needed)

Please provide three (03) character references that we may contact:

- Name: _____ Relationship to you: _____ Telephone: _____
- Name: _____ Relationship to you: _____ Telephone: _____
- Name: _____ Relationship to you: _____ Telephone: _____

What interests you the most about becoming involved with the Hanover Fire Department?

Please list other activities, in detail, that you are involved in (Sports, Volunteer, Church, etc):

Applicant Signature

Date

Parent/Guardian Signature

Date



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