

Bellmore Fire Department
7020 E. US Hwy 36 * Rockville, Indiana 47872 * (765) 344-0188

Cadet Application

Name: First Name		me Last N	Last Name		Maiden name / other	
Street			City	State	Zipcode	
Home		Cel	1			
icense Nu	mber:					
		License Number	Sta	ate		
/	/		Gender:	M / F		
Name		Last Name				
Street			City	State	Zipcode	
ome		Cell		Work		
Name		Last Name				
Street			City	State	Zipcode	
lome		Cell		Work		
	Name of Sc	ehool				
	d from sc	hool? Yes	No	_		
ls?						
	Street Home icense Num /	Street Home icense Number: I Vame Street Name Street Name Name Name	Street Home Cell icense Number: License Number Last Name Street Ome Cell Name Last Name Street Cell Name Cell Name Cell Name Cell Name Cell	Street City Home Cell icense Number:	Street City State Home	



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Have you ever been convicted of any crime within the past 7 years? Yes No If yes provide details:					
Have you ever used illegal If yes, What and When?	drugs? Yes No				
Teacher References:					
Name	Class	Phone Number			
Name	Class	Phone Number			
Personal (Adult) Reference	es (No Relatives):				
Name	Phone Number	Relationship			
Name	Phone Number	Relationship			
further consent to and auth	orize Bellmore Fire Depart	ore (J.U.G.A) volunteer Fire Department. I ment to conduct a background and criminal history records check.			
Signature of applicant:		Date:			
Name of parent/guardian:		Please print			
Signature of parent/guardi	a n·				