

# SOMERVILLE AUXILIARY FIRE DEPARTMENT

## Biographical Information Sheet

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_\_  
City \_\_\_\_\_ Receives Text messages Y\_\_\_\_ N\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

### Marital Status

Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Name of Spouse or Life Partner \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone (\_\_\_\_)\_\_\_\_\_  
Cell Phone (\_\_\_\_)\_\_\_\_\_  
Work Phone (\_\_\_\_)\_\_\_\_\_  
(List additional emergency contact information on the back of this page)

### Occupation

Name of Company \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### License/Vehicle

MA Driver's License Number \_\_\_\_\_ Class \_\_\_\_\_  
(Photocopy required)  
Personal Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate: Number \_\_\_\_\_ State \_\_\_\_\_  
( List additional vehicle information on the back of this page)

As a member of the Somerville Auxiliary Fire Department I understand the importance of the information requested and I have provided true and accurate information. I further understand that it is my responsibility to keep this information up-to-date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(4/2012)