



# Town of Wethersfield

## Wethersfield Volunteer Fire Department

### Membership Application



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_-\_\_\_-\_\_\_

DOB: \_\_/\_\_/\_\_\_\_ Social Security # \_\_\_-\_\_\_-\_\_\_ License Number: \_\_\_\_\_ State & Class: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_-\_\_\_-\_\_\_

Are you a Veteran of the U.S. Military      Yes      No      Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Occupation: \_\_\_\_\_ Duties: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Office Phone: \_\_\_-\_\_\_-\_\_\_

Work Schedule:      Days      Nights      Hours: \_\_\_\_\_ Rotating Shift:      Yes      No

**EMPLOYMENT HISTORY—LIST PAST EMPLOYERS IF YOU HAVE BEEN AT CURRENT EMPLOYMENT FOR LESS THAN 5 YEARS**

PAST EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ SERVICE DATES: \_\_/\_\_/\_\_\_\_

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PAST EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_ SERVICE DATES: \_\_/\_\_/\_\_\_\_

**EDUCATION HISTORY — COPIES OF DIPLOMAS OR CERTIFICATES MUST BE INCLUDED WITH APPLICATION**

NAME AND LOCATION OF HIGH SCHOOL ATTENDED: \_\_\_\_\_

DID YOU GRADUATE? (REQUIRE YES NO      DATE GRADUATED: \_\_/\_\_/\_\_\_\_

IF NOT, HAVE YOU PASSED A GED TEST? YES NO WHERE: \_\_\_\_\_ DATE RECEIVED: \_\_/\_\_/\_\_\_\_

**LIST ANY COLLEGES, BUSINESS SCHOOLS OR FIRE SERVICE TRAINING ATTENDED**

NAME OF SCHOOL	LOCATION	COURSE/MAJOR	DATES ATTENDED	DEGREE/CERTIFICATE

**FIRE SERVICE EXPERIENCE**

Do you have any previous Fire Service experience?      Yes      No      Type:      Volunteer      Carrier      Combo

If yes name of the department: \_\_\_\_\_ City/Town/State: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Training Certifications Obtained: \_\_\_\_\_

**REFERENCES**

Give the name of one (or more) members of the Department to whom you are personally known: \_\_\_\_\_

Give the names of two people, not Department members and not related to you, who know you through school, business or personal association:

Name:	Address:	Phone:
Name:	Address:	Phone:

**TRAFFIC OR CRIMINAL VIOLATIONS**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?    Yes    No

A conviction does not automatically mean that you cannot be taken as a member. The type of conviction and how long ago it happened is important. Give us all the facts: \_\_\_\_\_

**NOTICE TO APPLICANT**

The completion of this application does not indicate that there are vacant positions in the Wethersfield Volunteer Fire Department and in no way obligates the Town of Wethersfield. I understand that if I am offered membership in the Wethersfield Volunteer Fire Department of the Town of Wethersfield, such membership is contingent upon my supplying the proper identification and authorization documents required under the Immigration Control and Reform Act of 1986. I hereby authorize the Wethersfield Volunteer Fire Department to conduct a personal background investigation including school attended, former and present employers, residences, named references, criminal and motor vehicle record check in connection with my application for membership. I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further, I understand/agree that membership is for no definite period and may be terminated at any time without any previous notice. I understand that I do not have a contract of employment and no one is authorized to make any such promise.

**Membership is contingent upon applicant passing a job-related physical examination and a drug and alcohol test.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

**DEPARTMENT/COMPANY ACCEPTANCE OF APPLICANT**

*The undersigned office has confirmed that the applicant meets the Wethersfield Volunteer Fire Department requirements for membership. The applicant is at least 18 years of age and has completed the minimum educational requirements.*

Town Manager: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Chief of the Department: \_\_\_\_\_

Date: \_\_/\_\_/\_\_