



SOUTH WINDSOR FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP



Ref # _____

APPLICATION FOR THE POSITION OF:

DATE: _____

- FIREFIGHTER PHOTOGRAPHER FIRE GROUND SUPPORT PUBLIC EDUCATION
- ADMINISTRATION OTHER _____

PERSONNEL

NAME _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____ SOC.SEC.NO. _____
STREET TOWN STATE ZIP CODE

PHONE NUMBER: HOME (____) _____ OFFICE (____) _____ CELL PHONE (____) _____

E-mail Address: _____

DATE OF BIRTH: _____ ARE YOU A RESIDENT OF SOUTH WINDSOR YES NO
M/D/YY

DO YOU A VALID DRIVER LICENSE: STATE ISSUED FROM _____ LICENSE NO. _____ CLASS _____

FIREFIGHTER EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OF ANY FIRE DEPARTMENT, RESCUE SQUAD, OR SIMILAR ORGANIZATION

NO YES (IF YES FILL OUT THE FOLLOWING) NAME OF DEPARTMENT _____

ADDRESS _____
STREET TOWN STATE ZIP COD

DATE OF SERVICE _____ TO _____ CERTIFICATIONS: FIREFIGHTER 1 FIREFIGHTERS II

PUMP OPERATOR AERIAL OPERATION HAZ MAT TECHNICIAN FIRE INSTRUCTOR I

FIRE INSTRUCTOR II FIRE OFFICER I FIRE OFFICER II PUBLIC FIRE EDUCATOR I

PUBLIC FIRE EDUCATOR II SAFETY OFFICER OTHER TRAINING OR SPECIAL TRAINING

PLEASE SUBMIT COPIES OF THE CERTIFICATION WITH APPLICATION

EMPLOYMENT

NAME OF EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ PHONE NUMBER_ (____) _____
STREET TOWN STATE

NATURE OF BUSINESS: _____ DESCRIBE YOUR DUTIES: _____

EDUCATION

| SCHOOL | NAME & ADDRESS | HIGHEST GRADE ATTAINED | DIPLOMA DEGREE |
|------------------|----------------|------------------------|----------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TECHNICAL SCHOOL | | | |

EMERGENCY INFORMATION

NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP _____

ADDRESS _____ TOWN _____ STATE _____

PHONE # (____) _____ WORK # (____) _____ CELL # (____) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME NO YES If "Yes" answers the following questions:

| DATE | TOWN CHARGED IN | OFFENCE | PLACE OF CONVICTION | DISPOSITION OF CASE |
|------|-----------------|---------|---------------------|---------------------|
| | | | | |

I CERTIFY THAT THE ANSWERS AND STATEMENTS GIVEN BY ME TO THE FOREGOING QUESTION AND TRUE AND COMPLETE. I authorized investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my acceptance is dependent upon successful completion of a physical examination by a physician designated by the South Windsor Fire Department and a criminal back ground check. I understand that there will be a motor vehicle driving history inquiry. If accepted for membership, I agree to conform to the rules and regulations of the South Windsor Fire Department- Town of South Windsor, Connecticut.

Signature: _____ Date: _____

DO NOT WRITE BELOW LINE

INTERVIEWED BY _____ DATE: _____

ACCEPTED ASSIGNED TO COMPANY: _____ NOT ACCEPTED REASON _____

