



South Windsor Volunteer Fire Department

Application for Membership

APPLICATION FOR THE POSITION OF:

- FIREFIGHTER PHOTOGRAPHER FIREGROUND SUPPORT PUBLIC EDUCATION
- ADMINISTRATION OTHER _____

PERSONNEL

NAME _____ DATE: _____
LAST NAME FIRST NAME MIDDLE

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

PHONE NUMBER: HOME _ (____) _____ OFFICE _ (____) _____
AREA CODE AREA CODE

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ HOW LONG HAVE YOU BEEN A RESIDENT OF SOUTH WINDSOR _____
M/D/Y Y/M

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

DO YOU HAVE ANY PHYSICAL, MENTAL OR SENSORY HEALTH PROBLEMS THAT WOULD INTERFERE WITH YOU ABILITY TO DO THE JOB YOU HAVE APPLIED FOR: NO YES EXPLAIN _____

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

EDUCATION: HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA? YES NO

IF NO, CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

SCHOOL	NAME	DATE ATTEND		COURSE/ MAJOR	DEGREE
		FROM	TO		
TECHNICAL					
COLLEGE					
GRADUATE					

EMPLOYMENT

NAME OF EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ PHONE NUMBER _ (____) _____
STREET TOWN STATE

NATURE OF BUSINESS: _____ DESCRIBE YOUR DUTIES: _____

EMERGENCY INFORMATION

NAME OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ ADDRESS _____ TOWN _____

PHONE NUMBER _ (____) _____ WORK NUMBER _ (____) _____ RELATIONSHIP _____
OPTION

HAVE YOU EVER BEEN CONVICTED OF A CRIME NO YES IF "YES" ANSWER THE FOLLOWING QUESTIONS:

DATE:	TOWN CHARGED IN	OFFENCE	PLACE OF CONVICTION	CHARGED	DISPOSITION OF CASE

I CERTIFY THAT THE ANSWERS AND STATEMENTS GIVEN BY ME TO THE FOREGOING QUESTION ARE TRUE AND COMPLETE. I authorize 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 physician designated by the Department. If accepted of my membership, I agree to conform to the rules and regulation of the South Windsor Fire Department.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

DATE OF PHYSICAL _____ ACCEPTED NOT ACCEPTED ASSIGNED TO COMPANY: _____

COMMENTS: _____

INTERVIEWED BY (PRINT): _____

SIGNATURE: _____ DATE: _____