



Taftville Volunteer Fire Department

134 Providence Street Taftville, Connecticut 06380

Application for Membership



Name: _____
Last
First
Middle Initial

Address: _____

Social Security Number: _____ - _____ - _____ Drivers License # _____ State _____ Class _____

Date of birth: _____ E-mail address where you can be contacted: _____

Are you a Veteran of the U.S. Military Service: Yes No Branch _____ Rank _____

Occupation: _____ Duties: _____

Present Employer: _____ Years there: _____

Employer Address: _____ Employer Phone _____ - _____ - _____

Work Schedule: Days Evenings Nights Hours _____ Rotating shifts: Yes No

LIST PAST EMPLOYERS IF YOU HAVE BEEN AT CURRENT EMPLOYMENT FOR LESS THAN FIVE (5) YEARS

Past Employer: _____ Dates from: ____/____/____ to: ____/____/____

Past Employer: _____ Dates from: ____/____/____ to: ____/____/____

Past Employer: _____ Dates from: ____/____/____ to: ____/____/____

EDUCATION

Name and location of High School attended: _____

Did you graduate: Yes No Date Graduated: _____

If not, have you passed a G.E.D. test: Yes No Where: _____ When: _____

COPIES OF DIPLOMAS MUST BE PROVIDED WITH APPLICATION

List any Colleges, Business School, Technical Schools for Fire Service Training attended.

Name of School	Location	Course / Major	Dates Attended	Degree / Certificate

FIRE DEPARTMENT EXPERIENCE

Do you have any previous Fire Department experience: Yes No

If yes, name of the department: _____ Type: Paid Volunteer Combination

City: _____ State: _____ Highest rank held: _____ Length of service: _____

Training certifications obtained: _____

Can you perform the essential job functions and duties of a Firefighter? Yes No

REFERENCES

Give the name of one (or more) member(s) of the Taftville Volunteer Fire Department to whom you are personally known:

Name: _____

Give the names of two (2) people, not members of the Taftville Volunteer Fire Department and not related to you, who know you through school, business or personal association:

Name : _____ Address: _____ Phone _____ - _____ - _____

Name : _____ Address: _____ Phone _____ - _____ - _____

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 accepted as a member . The type of conviction and how long ago it happened is important. Please give us all the facts:

NOTICE TO APPLICANT

The completion of this application does not indicate that there are vacant positions in the Taftville Volunteer Fire Department and in no way obligates this department or the City of Norwich.

I understand that if I am offered membership in the Taftville Volunteer Fire Department located in the town of Norwich, 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 Taftville 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 such promise.

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

Signature of Applicant: _____ Date: _____, 20____

Signature of Guardian: _____ Date: _____, 20____
(If under the age of 18)

THIS PAGE IS FOR COMPANY USE ONLY AND MUST BE RETURNED WITH APPLICATION

DEPARTMENT / COMPANY ACCEPTANCE OF APPLICANT

The undersigned has confirmed that the applicant meets the Taftville Volunteer Fire Department requirements. The applicant is 16 years of age or older and has completed the minimum educational requirements.

Application accepted on _____, 20____ by _____ Rank _____

Signature, Chief of Department _____ Date: _____, 20____

PRE-EMPLOYMENT PHYSICAL EXAMINATION

This is to certify that the applicant named herein has been examined in conformance with department and OSHA requirements by a medically approved facility named:

_____ on _____, 20____ by Dr. _____

Medical approval paperwork received on _____, 20____ by _____ rank: _____

The applicant named herein has Medical Clearance for:

- Interior Attack** – Fully qualified to perform firefighter duties including SCBA respirator clearance.
- Exterior / Fire ground** – Fully qualified for firefighter duties BUT NOT SCBA.
- Fire Police** – Evaluated to be NOT QUAIFIED to perform firefighter duties or for respirator clearance.

Employee number: _____ Date accepted: _____, 20____