

APPLICATION FOR MEMBERSHIP TERRYVILLE FIRE DEPARTMENT

(Revision Date: December 5, 2016)

TOWN OF PLYMOUTH P.O. BOX 519 21 HARWINTON AVE. TERRYVILLE CT. 06786-0311

An Equal Opportunity Employer

Position applying for: **Volunteer Firefighter** Date of Application _____

Please answer all questions and print legibly:

Name: _____

Date of Birth _____ Social Security # _____

Address _____ Town _____ Email Address _____

Telephone Number () _____ May we contact you at work? Yes ___ No ___

Work Phone Number () _____ Cell Phone Number () _____

Have you ever worked under another name? Yes ___ No ___ If yes, gives name _____

Date you can begin _____

Are you willing to go to Fire School on weeknights & weekends Yes ___ No ___

Have you ever filed an application with the TFD before? Yes ___ No ___

Have you ever been a member of another Fire Dept? Yes ___ No ___

If yes, the name of the FD, town, state and when

Are you legally able to work in the United States ___ Yes ___ No

Are you a licensed Connecticut driver with a vehicle available? Yes ___ No ___

Other than minor traffic violations have you ever been convicted of a crime, in the past 10 years which has not been annulled or expunged or sealed by a court? Yes ___ No ___ If yes, please provide details _____

I understand that a conviction will not automatically disqualify me for membership with the Terryville Fire Department, but the Fire Dept. shall consider the nature of the conviction as it relates to the job duties in question and in light of the requirements of state and federal law.

Military service Yes ___ No ___ If yes, please provides details:

Branch of service _____ Rank at discharge _____ Dates of service _____

Type of discharge _____

List duties and any special training you completed _____

Are you vaccinated against Hepatitis B? Yes _____ No _____ If yes, include a copy of your Hepatitis B vaccination card with this application. If you are not vaccinated against Hepatitis B, upon acceptance into the Terryville Fire Department, you will be offered the Hepatitis B vaccination at the expense of the Town of Plymouth.

Information for Physical Examination: A department entry level physical examination will be given by the St. Francis Center for Occupational Health, 1598 East Main Street, Torrington, CT 06790.

General Information

Additional qualifications, special training/education, computer or office equipment skills and/or individual capabilities you have which prepare you for the position you have applied for: _____

Professional or license information (if applicable): _____

List any professional certificates, registrations, or licenses (I.E., Commercial motor vehicle operator’s license) that you possess, if applicable to the position you are applying for:

Certification/license: _____

Certification/License #, State and expiration date: _____

Education

Please complete all applicable items:

Type of School	Name & Location	Dates of Attendance	Name & Date Of Degree	Major & Minor Areas of Study
High or Trade School				
Business or Technical School				
Colleges				
Other Training (Please explain)				

Please list any academic honors, scholarships, memberships in honor societies, etc., which you consider significant. (Note: Please exclude any names, title, etc., indicating race, sex, color, national origin or religion)

Employment Record

	MOST RECENT EMPLOYER	PAST EMPLOYER	PAST EMPLOYER
EMPLOYER NAME			
TYPE OF BUSINESS			
ADDRESS			
TELEPHONE			
START DATE			
ENDING DATE			
REASON FOR LEAVING			
JOB/POSITION TITLE			
NAME OF SUPERVISOR			
DESCRIBE DUTIES			

**List 3 references (no relatives or members of the Terryville Fire Department):
Please print.**

Name _____

Address _____

Phone Numbers _____

Email Address _____

Name _____

Address _____

Phone Numbers _____

Email Address _____

Name _____

Address _____

Phone Numbers _____

Email Address _____

Acknowledgment

This application is not a contract of membership in anyway. All membership with the Terryville Fire Department is on an at-will basis, unless otherwise expressly provided. No official, agent or member of the Terryville Fire Department is authorized to change this membership at-will status.

It is the policy of the Terryville Volunteer Fire Department to maintain a drug-free force to establish, promote and maintain a safe and healthy environment for members and citizens we serve. It shall be a violation of this policy for members to engage in the unlawful manufacture, distribution, possession or use of an illegal drug or controlled substance, including being under the influence or impaired while on duty.

I understand that (1) the Terryville Volunteer Fire Department has a drug policy that provides for pre-membership testing and (2) consent to and compliance with such policy is a condition of my membership.

By your signature below, you acknowledge that there are no misrepresentations, omissions, or falsifications of any kind in the foregoing statements and answers and that the responses given are true, complete and accurate to the best of your knowledge and are made in good faith. Any misrepresentation, omission or falsification in the foregoing statements and answers, or at any time during the application process or during the Candidate Member period, is grounds for disqualification from membership, and, if you are accepted, without limiting the at-will status of your membership, grounds for immediate discharge.

By your signature below, you also authorize, and discharge from all liability, the Terryville Fire Department and the Town of Plymouth and all educators, employers, and references listed in this application, regarding the furnishing to the Terryville Fire Department information regarding your education, employment history, and any other matter related to your application for membership. The Terryville Fire Department will, upon request, supply a copy of this acknowledgment to any educator, employer or reference the Terryville Fire Department contacts in regard to this application. The Terryville Fire Department reserves the right to conduct all lawful background checks in connection with your application for membership. Upon your written request, the Terryville Fire Department will supply you one copy of any such report(s) it receives.

If accepted, you agree to comply with all rules, regulations, and policies governing membership with the Terryville Fire Department, as currently in force and as the same may from time to time be amended, deleted, revised or modified.

Signature of applicant _____ Date _____

Printed name of applicant _____

Signature of authorized witness _____ Date _____

Printed name of witness _____

Notary Public _____

My Commission expires _____

This Acknowledgment must be sign in the presence of the Notary Public.

TERRYVILLE FIRE DEPARTMENT

TOWN OF PLYMOUTH P.O. BOX 519 21 HARWINTON AVE. TERRYVILLE CT. 06786-0311

Background Investigation Permission Form

APPLICANT INFORMATION (Please Print Clearly)

NAME: _____

ADDRES: _____

DATE OF BIRTH: _____ **SSN:** _____

DRIVER'S LICENSE STATE AND NUMBER: _____

I (Print Name) _____ authorize Litchfield Hills Investigative Services, LLC and its agents to conduct a civil, criminal, and driver's license/history background investigation of this applicant for the purpose of obtaining membership in the Terryville Fire Department. I understand that if I knowingly make a false statement or misrepresentation on this form, I may be subject to the penalties as set forth in the Connecticut General Statues. By affixing my signature to this authorization form, I acknowledge that I have read it and that all of the information that I have provided is true to the best of my knowledge and belief.

I understand that a person 18 years of age or older must witness my signing of this authorization form and must sign and date this form on the designated lines.

Witness: _____ **Date:** _____
(Signature)

Applicant: _____ **Date:** _____

(Signature)

Today's Date: _____

Notary Public: _____

My Commission expires _____

This Background Investigation Permission Form must be signed in the presence of the Notary Public.

For Office Use Only

Name of Applicant: _____

Found favorable by the Investigation Committee Date: _____

Found unfavorable by the Investigation Committee Date: _____

Found favorable by the Company Officers Date: _____

Found unfavorable by the Company Officers Date: _____

Found favorable by the combined Investigation Committee and the Company Officers Date: _____

Found unfavorable by the combined Investigation Committee and the Company Officers Date: _____

The original application stays with the Investigation Committee.

A copy of the original application goes to the Company Captain.

A copy of page one of the original application goes to the Department Health & Safety Officer.

A copy of page one of the original application goes to the Department Secretary.