



# Town of Vernon Fire Department

P.O. Box 54 Vernon, CT 06066

## Application for Membership

Application for:  Firefighter  Junior Firefighter (ages 14 to 17)  Ambulance Technician  Fire Police

PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License ? Yes  No  License Number: \_\_\_\_\_ State: \_\_\_\_\_

Car Available ? Yes  No  CDL or "Q" License ? Yes  No  Endorsements: \_\_\_\_\_

Do You Have Any Physical or Mental Disabilities ? Yes  No  (If YES, List complete details on the back of this form)

EMPLOYER INFORMATION

Occupation: \_\_\_\_\_ Shift Worked: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

EXPERIENCE / REFERENCES

Previous Fire / EMS Experience ? Yes  No  How Long ? \_\_\_\_\_ Rank Held: \_\_\_\_\_

Name of Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Chief's / Supervisor's Name: \_\_\_\_\_ Certifications: \_\_\_\_\_

List a Minimum of Four References (List any Department members first):

Name

Address

Phone Number

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>

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

*(I attest that the above information is accurate to the best of my knowledge)*

Signature of Legal Guardian (for Junior Member Applicants): \_\_\_\_\_

I, \_\_\_\_\_, being of legal age and residing at \_\_\_\_\_  
(name) (street)  
\_\_\_\_\_, do hereby authorize the CHIEF of DEPARTMENT and/or MEMBERSHIP  
(city, state, zip code)

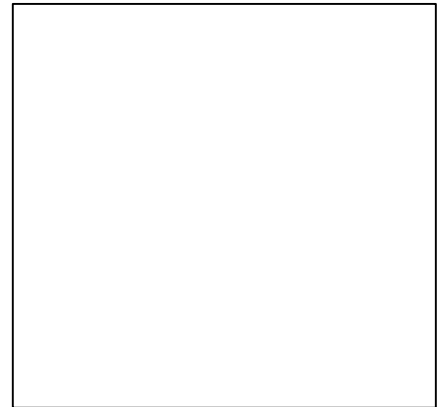
COMMITTEE of the TOWN of VERNON FIRE DEPARTMENT, Vernon, Connecticut, to view and receive copies of any and all records of convictions of any crimes, and I do hereby authorize any police department to release and furnish such information to the CHIEF of DEPARTMENT and/or MEMBERSHIP COMMITTEE of the TOWN of VERNON FIRE DEPARTMENT. I understand that if appointed as a member of the TOWN of VERNON FIRE DEPARTMENT that I will be required to undergo physical examinations as deemed necessary for all members. I also do agree to release to the CHIEF of DEPARTMENT and/or DEPUTY CHIEF/HEALTH and SAFETY OFFICER of the TOWN of VERNON FIRE DEPARTMENT the results of these physical examinations by my personal physician and/or the appointed department physician.

A copy of this document shall be as valid as the original.

SIGNED \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, FREE ACT AND DEED

\_\_\_\_\_  
(NOTARY PUBLIC)



(SEAL)

FOR DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_ Application to be voted on at the \_\_\_\_\_ staff meeting

Reference Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

PD Background Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

No record(s) found:  Record(s) found (provide details on separate page)

Initial Physical: Date Complete: \_\_\_\_\_ Respiratory Restrictions: \_\_\_\_\_

Accepted  Rejected  Date: \_\_\_\_\_ Company Assigned: \_\_\_\_\_ ID # Issued: \_\_\_\_\_