Stonington Volunteer Fire Department

Membership Application

Contact Information Name: ______ SSN: _____ Mailing Address: Physical Address (if different from above): How long have you lived at this address? _____ Telephone Number: Cell Phone Number: Driver's License Number: State: _____ Expiration Date ____ Are you legally eligible to work in the United States? □ Yes □ No Are you under the age of 18? \square Yes \square No If yes, state birth date: **Interest & Background** Please check off your points of interest with the Stonington Fire Department ☐ Firefighting ☐ Incident Helper ☐ Dispatching ☐ Truck Driving ☐ Pump Operator ☐ Traffic Control ☐ Grass/Woods Fire ☐ Jaws of Life ☐ Car Accidents Of your point of interest(s) checked above, are you able to perform \square Yes \square No essential functions of those jobs? Have you been a member of a fire department or similar organization? \square Yes \square No If yes, what organization? Address: Contact Person:

Years of Service:

		bu wish to join the Stonington Fire Department? What can this department gain do you expect to gain from this membership?
Но	w did you hear about the St	conington Fire Department?
Wo	ork History	
par		or most recent job, list employment held for the past five years, including nal employment. Attach extra pages, if necessary. Please indicate if you feel your dy if inquiries are made.
1.	From:	To:
	Employer:	
	Job Title:	
	Address:	
	Phone Number:	
	Supervisor:	
	Reason for Leaving:	
2.	From:	
2.	Employer:	
	Job Title:	
	Address:	
	Phone Number:	
	Supervisor:	
	Reason for Leaving:	
	icason for Leaving.	

3.	From:	To:
	Employer:	
	Job Title:	
	Address:	
	Phone Number:	
	Supervisor:	
	Reason for Leaving:	
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4.	From:	To:
	Employer:	
	Job Title:	
	Address:	
	Phone Number:	
	Supervisor:	
	Reason for Leaving:	
5.	From:	To:
	Employer:	
	Job Title:	
	Address:	
	Phone Number:	
	Supervisor:	
	Reason for Leaving:	
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Did you graduate from high school? ☐ Yes ☐ No If not, do you have your GED? □ Yes □ No If not, what is the highest grade level completed? Name of High School: Location: Do you have a postgraduate degree? ☐ Yes ☐ No If yes, what degree? \square Bachelor's \square Master's \square PhD \square LIB □ 13th □ 14th Check year completed \Box 15th \Box 16th 1. Post Graduate School: Address: 2. Post Graduate School: Address: References List three people, who are not related to you by blood or marriage, who are familiar with your education and work experience. Phone Number: ____ Phone Number: Name: Phone Number: Name: May we contact your employers and references? □ Yes □ No

Education History

Background			
Have you ever been disciplined, discharged, or asked to resign from a position?	□ Yes	□ No	
Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?	☐ Yes	□ No	
Has your contract in a prior position ever been non-renewed?	□ Yes	□ No	
Have you ever been charged with or investigated for sexual abuse or harassment of another person?	□ Yes	□ No	
Have you ever been convicted of a crime (other than a minor traffic offense)?	☐ Yes	□ No	
Have you ever entered a plea of guilty of "no contest" (novo contendere) to any crime (other than a minor traffic offense)?	□ Yes	□ No	
Has any court ever deferred, filed, or dismissed proceedings without finding of guilt and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period in connection with any crime? (other than a minor traffic offense)?	□ Yes	□ No	
If you answered yes to any of the previous questions, provide full details below in actions, the date, offense in question, and the address of the court involved. Attack necessary. Conviction or disposition of a crime is not an automatic bar to employ	h addition		ourt
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My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction records checks, reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorized those persons, agencies or entities that the Town of Stonington contacts in connection with my employment application to fully provide the Town of Stonington any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Town of Stonington, its agents and officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, and other staff, and members of the community. I give my consent to this disclosure.

Please note: Employment cannot be finalized until the applicant has completed requirements for complete background checks.

Signature:		
Printed Name:		
Date:		

All application materials become the property of Stonington Volunteer Fire Department. None will be returned. Providing any false information or misleading information on this membership application or membership screening process shall be fully sufficient grounds to refuse to accept application or, if the applicant has been accepted, to immediately dismiss the applicant/membership.