

Winhall Fire Department

PO Box 141
Bondville, Vermont 05340
membership.winhallfd@gmail.com
802-297-9823

Application for Volunteer Firefighter with the Winhall Fire Department

Applicant Information

Full Name: _____ Date of birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ SS #: _____

E-Mail Address: _____ Date Available: _____

Are you a United States Citizen? **Yes No**
☐ ☐ Do you have a commercial driver's license? **Yes No**
☐ ☐

State of driver's license: _____ License number: _____

Prior employment with the Town of Winhall? **YES NO**
☐ ☐ Are you currently employed? **YES NO**
☐ ☐

If yes, when? _____ If yes, may we contact your current employer? ☐ ☐

POSITION APPLYING FOR: ☐ Firefighter ☐ Regular membership ☐ Junior membership ☐ Reserve membership

Are you a certified Firefighter I in the State of VT? **YES NO**
☐ ☐ Are you a certified EMT in the State of VT? **YES NO**
☐ ☐

If yes, date you were certified: _____ If yes, date you were certified: _____

Are you a certified Firefighter II in the State of VT? ☐ ☐ Are you a certified AEMT in the State of VT? ☐ ☐

If yes, date you were certified: _____ If yes, date you were certified: _____

Do you hold other Fire certification? ☐ ☐ Are you a certified Paramedic in the State of VT? ☐ ☐

If yes, please attach copies If yes, date you were certified: _____

Are you currently enrolled in a Fire I or II class? ☐ ☐ Are you currently enrolled in an EMS class? ☐ ☐

If yes, check type:, ☐ Fire I ☐ Fire II ☐ Fire I/II If yes, check type:, ☐ EMT ☐ AEMT ☐ Paramedic

Expected class end date (mm/yy): _____ Expected class end date (mm/yy): _____

Attach a copy of your highest Fire certification

Do you have BLS Provider CPR certification? **YES NO**
☐ ☐

If no, do you have other CPR certification? ☐ ☐

Attach a copy of your most recent CPR certification

Attach a copy of your highest EMS certification

Check all the EMS license(s) you hold:

☐ NREMT ☐ VT ☐ Other: _____

Professional References

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** () _____

Address: _____

Education

High School: _____ **City:** _____ **State:** _____

Did you graduate? ☐ YES ☐ NO

College: _____ **City:** _____ **State:** _____

Did you graduate? ☐ YES ☐ NO

Degree In: _____

Other: _____ **City:** _____ **State:** _____

Did you graduate? ☐ YES ☐ NO

Degree In: _____

Military Service

Branch: _____ **From:** _____ **To:** _____

Rank at Discharge: _____ **Type of Discharge:** _____

If other than honorable, explain: _____

Employment

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** () _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your supervisor for a reference? YES ☐ NO ☐

Previous Fire & EMS Experience

Department: _____ **City:** _____

Dates Served: **From:** _____ **To:** _____ **Rank:** _____

Dept Contact: _____ **Rank:** _____ **Phone:** _____

Department: _____ **City:** _____

Dates Served: **From:** _____ **To:** _____ **Rank:** _____

Dept Contact: _____ **Rank:** _____ **Phone:** _____

Department: _____ **City:** _____

Dates Served: **From:** _____ **To:** _____ **Rank:** _____

Dept Contact: _____ **Rank:** _____ **Phone:** _____

Disclaimer and Signature

Due to the nature of our business and the populations we serve, the Winhall Fire Department performs without limitation: driver record, criminal history searches and pre-membership drug testing on all potential staff members. We will not automatically exclude applicants based upon adverse driving or criminal history without first reviewing the facts or circumstances surrounding the offense or conduct. Warning: Failure to answer any question accurately and fully may result in your elimination from consideration of, or termination from, membership.

Have you ever been disciplined or discharged by a former employer (including volunteer positions) for any type of dishonesty, ethical misconduct, act involving moral turpitude, or violent behavior in the last fifteen (15) years? YES NO
☐ ☐

Have you ever been sanctioned, excluded, or otherwise prohibited from participating in any Fire or EMS position (including volunteer), or in any program that serves a vulnerable population (i.e., the elderly, disabled, or children)? ☐ ☐

Do you have a current, valid driver's license and a clean driving history? ☐ ☐

Have you ever been arrested for, prosecuted for, or convicted of a crime? ☐ ☐

Have you ever been adjudicated, plea bargained, dismissed from, or otherwise deferred with regard to a criminal conviction? ☐ ☐

If I am accepted by the Town of Winhall Fire Department, I understand that the Town's handbook and personnel policies, and the Fire Department's personnel policies, shall be applicable to me. These policy manuals are updated from time to time, and I agree to read and stay current with their provisions during my employment.

I understand that if I accept membership with the Winhall Fire Department, I may receive department owned property to fulfill my membership obligations. At the time my membership with the department ends, I shall promptly return to the department all of its property and in good working condition. If I fail to do this, I will be held personally liable for any missing or damaged property.

I understand that the position for which I am applying includes driving Fire and/or EMS apparatus, and includes work with individuals or groups who are recognized as vulnerable populations (i.e. the elderly, disabled, or children). Therefore, I must consent to a driving record, criminal history search and drug testing prior to membership.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership relationship with this organization is intended as an "at will" relationship, which means that the membership may resign at any time and the department may discharge membership at any time with or without cause. It is further understood that this "at will" membership relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I certify that my answers on this form and on any attachments are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for membership and any attachments as may be necessary in arriving at a membership decision.

I am aware that if a search or investigation discloses without limitation, misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already a member, may result in immediate termination. I also understand that I am required to abide by all the rules and regulations of the department.

Signature: _____ **Date:** _____

It is the policy of this department to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, sex, national origin, ancestry, place of birth, age, marital status, pregnancy status, genetic information, physical or mental condition, HIV status, veteran status, sexual orientation, gender identity, or other category protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to the aforementioned protected categories or other category protected by state or federal law.

Interview date: _____

Interviewed by: _____

Interviewed by: _____

Interviewed by: _____

Interviewed by: _____

Background checks completed: Yes ☐ No ☐

Pre membership drug test completed: Yes ☐ No ☐

Pre membership doctors physical complete: Yes ☐ No ☐

Comments from the interview:



Interview committee recommendation to the department: Yes ☐ No ☐

Date applicant is brought in front of the department: _____

Date applicant becomes a member: _____

Date probation ends: _____