

APPLICATION FOR MEMBERSHIP TO THE WATERFORD FIRE DEPARTMENT



PERSONAL INFORMATION

*Print clearly,
especially e-mail!*

Name: _____
(print) (last) (middle) (first)

Address: _____

Phone: _____

Are you a Veteran? Yes No

e-mail: _____

EDUCATION & TRAINING

(name of last school attended) _____ (dates) _____

(address) _____

(city) _____ (state) _____ (zip) _____

Indicated highest education level achieved:

Elementary / Middle School High School Two-year college

Four-year college Graduate degree

List relevant courses, certifications, diplomas, degrees or licenses:

Other training or skills (firefighting, first aid, driving, etc. – included military)

PREVIOUS EMS / FIREFIGHTING EXPERIENCE

EMPLOYERS

Start with present position and work back:

I. _____
(name of firm) _____ (job title) _____

_____ Summary of duties _____

(city) _____ (state) _____

Employed from _____ to _____
(month, year) (month, year)

May we contact this employer? Yes No

Employer Phone Number: _____

FORMER EMPLOYERS	1. _____ (name of firm) (job title) _____ (city) (state) (phone) Summary of duties _____ Employed from _____ to _____ (month, year) (month, year) May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>												
	2. _____ (name of firm) (job title) _____ (city) (state) (phone) Summary of duties _____ Employed from _____ to _____ (month, year) (month, year) May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>												
ADDITIONAL INFORMATION	List other information including employment, volunteer and community work which might be helpful in determine your qualifications to be a fire fighter. _____ _____												
PERSONAL REFERENCES (not relatives)	<table border="0"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Phone</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Would you object to a physical examination by a physician at our expense? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____</p> <p>Have you any medical condition which may limit your ability to perform as a member of the fire department? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____</p> <p>Are you legally able to be employed in the US? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you willing to allow a background check? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Name	Address	Phone	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Name	Address	Phone											
1. _____	_____	_____											
2. _____	_____	_____											
3. _____	_____	_____											
<p><i>I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I become a member of the Waterford Fire Department, any false statement on this application shall be sufficient cause for dismissal.</i></p> <p>Signature: _____ Date: _____</p>													