

# TOWN OF SUFFIELD



## FIRE DEPARTMENT

# APPLICATION FOR MEMBERSHIP

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print Legibly)

Position(s) Applied for (Check One) \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_ Vol. Firefighter \_\_\_\_\_ Volunteer Cadet \_\_\_\_\_ other

How Did You Hear About Us?

\_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other

Comments: \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give date \_\_\_\_\_

Have you ever been a firefighter before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, give agency & location \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer \_\_\_\_\_

Date Employed From \_\_\_\_\_ To \_\_\_\_\_

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

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Generally, what hours are you available to respond to emergencies or attend training classes?  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime or moving vehicle violation within the last 7 years?  
*Conviction will not necessarily disqualify an applicant* \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please explain \_\_\_\_\_

**SPECIAL SKILL AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Describe any specialized training, apprenticeship, skills and extra-curricular activities you have.

\_\_\_\_\_  
\_\_\_\_\_

Describe any related honors you have received.

\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held.  
You may exclude memberships, which would reveal sex, race, religion, national origin, ancestry, or handicap or other protected status:

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**REFERENCES**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

May we contact them? If Yes, \_\_\_\_\_ Signature \_\_\_\_\_

Have you ever had any job-related training in the United States military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe. \_\_\_\_\_

Are you physically or otherwise able to perform the duties of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

*I certify that answers given herein are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for membership*

*This application for membership shall be considered active for a period not to exceed one month. Any applicant wishing to be considered for membership beyond this time should inquire as to whether or not applications are being accepted at that time.*

*I understand and acknowledge that, unless otherwise defined by applicable law, a membership relationship with this organization is of an "at will" nature which means that the member may resign at any time and the Commission may discharge the member at any time with or without cause. It is further understood that this "at will" membership relationship may not be changed unless such change is specifically acknowledged in writing by Board of Fire Commissioners,*

*I understand that false or misleading information given in my application or interview(s) my result in discharge. I understand, also, that I am required to abide by all rules, policies and procedures of the department.*

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

Return completed application to the Recruitment and Retention Committee or at their direction, the Fire Chief's office at 73 Mountain Road, Suffield, CT 06078

Recruitment Committee \_\_\_\_\_ Date \_\_\_\_\_

Chief of Department \_\_\_\_\_ Date \_\_\_\_\_

Fire Commission \_\_\_\_\_ Date \_\_\_\_\_