



NORTH MADISON VOLUNTEER FIRE COMPANY
NEIGHBORS HELPING NEIGHBORS

Application for Membership

I. Applicant Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (___) ___ - ____ Cell Phone: (___) ___ - ____

Email Address: _____

Date of Birth: __ / __ / ____ Social Security Number: ___ - __ - ____

Do you have a current valid CT Driver's License? Yes No

If Yes: License Number: _____ License Type: _____ Exp: _____

Applying for: Firefighter Only* Firefighter/EMS*
 EMS Only* Fireground Firefighter

*Firefighter 1 or EMT course must be taken within 18 months

II. Education and Firefighter/Emergency Experience

High School Graduate or Equivalency? Yes No If no, highest grade completed: _____

College or other training after high school, including military service.
If military, state character of discharged as stated on DD-214.

Name & Address of College or School	Major/Specialty	Type of Degree, License, Certificate

Have you ever belonged to an emergency services organization? Yes No

Name of Department/Organization	Highest Rank	Time Served	Certificates Held

III. Current Employment – Use additional sheets if necessary

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Supervisor: _____ Phone: (____) ____ - ____

Part Time Full Time Dates of Employment: _____

Type of Business & Your Duties: _____

IV. Emergency Information

Next of Kin: _____ Address: _____

Relationship: _____ Daytime Phone: (____) ____ - ____

Other Info: _____ Evening Phone: (____) ____ - ____

V. Legal Information**

Have you ever been convicted of, pleaded guilty to, or plead "no contest" to a criminal offense?

Yes No If YES, attach a separate page identifying date(s), jurisdiction and details.

Do you currently have any pending felony charges against you? Yes No

In the past 5 years, have you been convicted of a misdemeanor (including traffic violations)?

Yes No If YES to either question, provide date(s) and details: _____

** This information will be verified. Affirmative answers will not necessarily exclude you from membership; however, the information will be considered insofar as it relates to the position for which you have applied.

VI. Short Answer

Why do you want to become a member of the North Madison Volunteer Fire Company?

Short Answer - Continued

Do you know any NMVFC members? Yes No If YES, who are they? _____

What specific characteristics/skills do you have that will benefit the Department?

How did you become interested in the NMVFC?

Do you have any physical, mental, psychological or other conditions that would limit your ability to perform fire suppression, rescue, or emergency medical duties? Yes No

If yes, please explain:

VII. Applicant Statement

I attest that all information provided in this application and its attachments are true and correct, and I authorize the North Madison Volunteer Fire Company and/or its agents to investigate the veracity of said information. I understand that misrepresentation or omission of facts may be cause for rejection of this application and/or future termination of my membership with the North Madison Volunteer Fire Company. I understand that acceptance of this application is dependent upon my successful completion of a physical examination by the Company's designated physician, and completion of the North Madison Volunteer Fire Company Probationary Training, at the discretion of the Company Line Officers. I also understand that members are required to attend a minimum of twelve training sessions and six monthly business meeting per year. Firefighter candidates are required to complete Connecticut Firefighter 1 within 18 months of regular membership. EMT candidates are required to complete Connecticut EMT Program within 18 months of regular membership.

Applicant's Signature: _____ **Date:** _____

NMVFC USE ONLY

Date of Interview: __ / __ / ____ Conducted by: _____

Remarks: _____

Probationary Membership Acceptance Date: __ / __ / ____

Probation Member Elected to Membership: __ / __ / ____

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BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself. These reports may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State and other agencies which may maintain records concerning my past activities relating to my driving, criminal conduct, civil court and other experiences.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

Print Name: _____

Soc. Sec. Num.: ____ - ____ - _____ Date of Birth: ____ / ____ / _____

Driver's License Number: _____ State Issued: _____

Current Address: _____
(Street) (City) (State) (Zip)

Previous Address: _____
(Street) (City) (State) (Zip)

Applicant Signature: _____ Date: _____