



# APPLICATION FOR MEMBERSHIP AS A VOLUNTEER FIREFIGHTER WITH THE TOWN OF FARMINGTON FIRE DEPARTMENT

**APPLY TO:  
TOWN OF FARMINGTON  
TOWN MANAGER'S OFFICE  
1 MONTEITH DRIVE  
FARMINGTON, CT 06032-1053**

<b>OFFICE USE ONLY</b>	
REC _____	_____
DRV _____	_____
PHY _____	_____
PRTS _____	_____

The Town of Farmington Fire Department is dedicated to a policy of nondiscrimination in employment and volunteer membership on any basis prohibited by law. Volunteer membership in the Town of Farmington Fire Department is available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

## PERSONAL INFORMATION

<b>APPLICANT'S NAME (LAST, FIRST, MIDDLE)</b>			
<b>STREET ADDRESS</b>	<b>CITY/TOWN</b>	<b>STATE/ZIP</b>	<b>HOW LONG?</b>
<b>TELEPHONE NUMBER (HOME)</b>		<b>TELEPHONE NUMBER (WORK/CONTACT)</b>	

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes\_\_\_ No\_\_\_

If your authorization to work in the United States is subject to expiration, when will it expire? \_\_\_\_\_

If membership is offered, can you produce documentation required by law to establish work authorization and identity? Yes\_\_\_ No\_\_\_

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? Yes\_\_\_ No\_\_\_

## GENERAL INFORMATION

Station applied to: \_\_\_\_\_

Are there any days or times you would be unavailable to participate as a volunteer firefighter? \_\_\_\_\_

On what date would you be available to start? \_\_\_\_\_

Are you related by blood or marriage to any employee or elected official of the Town of Farmington? Yes\_\_\_ No\_\_\_  
If yes, please name: \_\_\_\_\_

Have you ever applied to, or worked for the Town of Farmington before? \_\_\_\_\_ Yes\_\_\_ No\_\_\_

If yes, under what name, dates of employment and department? \_\_\_\_\_

Current employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Have you ever been denied membership to an Emergency Service, either paid or volunteer? \_\_\_\_\_ Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

# EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High		6 7 8	
High School		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business			

High School Equivalency Diploma (GED)?      Date \_\_\_\_\_      Number \_\_\_\_\_

Course of Study in Post-Secondary Education: \_\_\_\_\_

Have you previously been a member of a fire department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

Name of Department: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Chief: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

List all certifications (including First Aid, CPR, EMT with expiration dates), trainings, licenses, special skills, courses of study or any additional information that you feel may be helpful to us in considering your application. Use additional pages if necessary.

---



---



---

# REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1. \_\_\_\_\_  

Name	Address	Phone	Relationship
------	---------	-------	--------------
  
2. \_\_\_\_\_  

Name	Address	Phone	Relationship
------	---------	-------	--------------
  
3. \_\_\_\_\_  

Name	Address	Phone	Relationship
------	---------	-------	--------------

### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name	Address	Phone	Relationship
------	---------	-------	--------------

## CRIMINAL BACKGROUND

**NOTE: THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF MEMBERSHIP) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT.**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to, a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

---

---

**Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.**

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the firefighting duties in question and in light of the requirements of state and federal law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE TO APPLICANTS REGARDING PRE-MEMBERSHIP DRUG TESTING

*Any individual applying for volunteer membership with the Town of Farmington Fire Department (the "Town") shall submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedures required by applicable state and federal regulations.*

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of membership. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for membership with the Town of Farmington Fire Department, you will comply in full with the Town's drug testing policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE**

As part of the interview process, the Town of Farmington may conduct a background check. If you are accepted for membership with the Town of Farmington Fire Department, the Town may also conduct a background check in deciding whether to continue your membership and when making other membership-related decisions directly affecting you. As part of the background check, the Town may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Town obtains a "consumer report" about you, and considers any information in the "consumer report" when making a membership-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes the Town to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your membership. To perform the background check, please provide the following information:

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Print Name: \_\_\_\_\_

Any Other Names by Which You Have Been Known? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## **AT-WILL MEMBERSHIP DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Farmington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. Further, in consideration of my membership as a volunteer firefighter with the Town of Farmington, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that my membership can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my membership may result in the withdrawal of a membership offer or termination of membership, whenever the omission or falsehood is discovered.

I understand that acceptance for membership shall depend on satisfactory replies from my references and other background checks. In the event I receive an offer of membership, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence working as a volunteer firefighter.

I have read, understood and agree to the foregoing.

---

Signature of Applicant

Date

# AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for membership as a volunteer firefighter with the Town of Farmington. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a decision. I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my membership as a volunteer firefighter with the Town of Farmington.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Town, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Print Former Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

## MOTOR VEHICLE CHECK

By signing below, I do hereby give my permission and authorization for the Town of Farmington to obtain a copy of my Motor Vehicle Record (through its Insurance Agent/Broker/Consultant – Hollis D. Segur, Inc.). The information obtained will be used for company insurance, safety, loss control, job qualification, and/or compliance purposes. If hired, or if currently employed, this release and authorization shall remain in effect during the term of my employment. The Town of Farmington reserves the right to run subsequent Motor Vehicle Reports on an as needed basis.

---

Signature

---

Date

---

Full Name

---

Date of Birth

---

Driver's License Number

---

State of Issue

---

Current Resident Address

## TOWN OF FARMINGTON FIRE DEPARTMENT VOLUNTEER FIRE FIGHTER APPLICANT CHECKLIST

Items 1-8 shall be attached and / or verified by the Fire Company before an application is sent to the Office of the Director of Fire & Rescue Services.

**NAME OF FIRE FIGHTER**

**APPLICANT:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**FIRE STATION:** EF  F / OG  TH/SW

INITIAL WHEN VERIFIED OR ATTACHED	REQUIREMENT	COMMENTS
<b>FOR VOLUNTEER FIRE COMPANY USE</b>		
	1. 18 years of age or older	
	2. High School Diploma, GED, or 18 years old and in high school	
	3. Valid Connecticut Driver's License	
	Farmington resident, lives within 3 miles of the station, or works in Farmington. <ul style="list-style-type: none"> <li>▪ Include copy of permission to respond to calls during work if applicant only works in town.</li> <li>▪ If applicant is between 3 and 4 driving miles, Chief signature of approval for extended area is required. Include details of the reason for the approval in the "Comments" Section.</li> </ul>	
	4. Completed application	
	5. Completed Motor Vehicle Release Authorization	
	6. Application approved by the volunteer fire company.	
	7. Application signed and dated by the Fire Chief.	
<b>FOR USE BY DIRECTOR OF FIRE &amp; RESCUE SERVICES</b>		
	8. Application reviewed by the Director of Fire & Rescue Services for items 1-8 and approved for processing by the Town Manager's Office	
<b>FOR TOWN MANAGER'S OFFICE USE</b>		
	9. Finger Prints, Background, and Motor Vehicle Check scheduled	
	10. Physical Exam and Drug Test scheduled	
	11. Appointment Letter sent	