

APPLICATION FOR MEMBERSHIP
ELLINGTON VOLUNTEER FIRE DEPARTMENT

We consider applicants for membership without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
Address: Number Street		City
		State
		Zip Code
Mailing Address If different: Number Street		City
		State
		Zip Code
Telephone Number Home	Telephone Number Work	Social Security Number
Drivers License State	Drivers License Number	Drivers License Type

(PLEASE CHECK THE APPROPRIATE)

If you are less than 18 years of age, can you provide required proof of your eligibility for membership?
 ___ Yes ___ No

Have you filed an application or been a member before? ___ Yes ___ No
 If yes, give date(s) _____

Are you currently employed? ___ Yes ___ No
 If yes, may we contact your present employer? ___ Yes ___ No

What type of membership are you applying for? ___ Junior (Under 18) ___ Probationary (Fire Fighter)
 ___ Associate (Chaplin, Photographer, Etc.) Specify _____

Do you own a motor vehicle? ___ Yes ___ No

Make of Vehicle	Model	License Plate Number	Vehicle Identification Number
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How long have you lived in the Town of Ellington? _____

How long have you worked full time in the Town of Ellington? _____

Have you been convicted of a felony within the last 7 years? ___ Yes ___ No
 If yes, please explain on a separate sheet.

(A conviction does not automatically mean that you cannot be selected. What were you convicted of and how long ago are important. Give all the facts so that a decision can be made.)

Referral Source: (Circle One) Advertisement Current Member Other (Please Specify Below)

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Education:

Elementary School Name	Address	Years Completed	Diploma/Degree
High School Name			
Undergraduate College			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Do you have any previous fire fighting, emergency and/or safety experience? ___ Yes ___ No
If yes, state where? _____ Number of years: _____

State/National Certifications earned/held (Please attach copies of any certifications held)

Describe any related training received in the United States Military _____

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

Check Skills/Equipment Operated:

- Safety/Emergency Equipment
- Office Equipment _____
- Vehicles/Power Equipment (List): _____

Indicate any foreign languages you can speak, read and/or write: _____

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

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Employment History

List all previous work experience and periods of unemployment. Begin with your present position and work back to your first position. Attach a resume, if necessary. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates - From - To	Work Performed
Address		Telephone Number
Supervisor	Reason For Leaving	
Employer	Dates - From - To	Work Performed
Address		Telephone Number
Supervisor	Reason For Leaving	
Employer	Dates - From - To	Work Performed
Address		Telephone Number
Supervisor	Reason For Leaving	

List professional, trade, business or civic activities and offices held. You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

References

Give name, address and telephone number of three (3) references not related to you.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

MOTOR VEHICLE DRIVING RECORD

You will be required to submit an authorization for us to obtain a copy of your driving record from the Department of Motor Vehicles. The cost for this shall be born by the organization.

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DRUG SCREENING PROGRAM

The Ellington Volunteer Fire Department is committed to maintaining a drug-free work environment. The nature of the services provided by the Ellington Volunteer Fire Department, Inc. requires that all members be capable of performing the functions of their positions free from the influence of any drug with physical, or mind altering psychological effects. To that end, a urinalysis drug screen test may be administered during the application process. Further, it is the policy of the Ellington Volunteer Fire Department, Inc. not to admit or readmit to membership, individuals who have used any narcotic or dangerous drug in any amount regardless of frequency or occasion unless the individual has a medically acceptable prescription.

It is the policy of the Ellington Volunteer Fire Department, Inc. to require a urinalysis drug screen test and a medical examination as part of its selection process after a conditional offer of membership has been extended to any applicant and before they begin membership. A urinalysis drug screen test and a medical examination are uniformly required for all applicants.

APPLICANT'S STATEMENT

I understand that nothing contained in this membership application or in the granting of an interview is intended to create a contract between the Ellington Volunteer Fire Department, Inc. and myself for either membership or for the providing of any benefit. No promises regarding membership have been made to me, and I understand that no such promise or guarantee is binding upon the Ellington Volunteer Fire Department, Inc. unless made in writing. If membership is established, I understand that I have the right to terminate my membership at any time and that the Ellington Volunteer Fire Department, Inc. retains the same right.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not selecting me or for dismissing me after I have become a member. I waive all rights I might have against all employers and/or other persons providing information concerning my character, abilities, work behavior and record of employment.

Signature of Applicant _____ Date _____

PARENT/GUARDIAN CONSENT

(This application will not be processed without this consent)

I _____ the parent or legal guardian of the applicant whose name appears on the front side of this form hereby give my consent for my son/daughter to make application for Junior Membership in the Ellington Volunteer Fire Department, Inc. I have read the Participation Regulations governing the program. I understand that I may withdraw my consent at any time and my son/daughter will be immediately withdrawn from the junior membership program.

Signature _____ Relationship: _____ Date _____

***** STOP *****

Note to Applicants: **DO NOT ANSWER THESE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the position for which you have applied? Yes ___ No

Are you presently under any restrictions concerning any of the activities involved in the position for which you have applied? _Yes ___ No