

REFERENCE

Give the name of one (or more) member(s) of this Division to whom you are personally known.

Name: _____ Company # or Staff: _____

Give the names of two people, not members of this division and not related to you, who know you through school, business or personal association:

Name: _____ Address: _____ Phone: _____-_____-_____

Name: _____ Address: _____ Phone: _____-_____-_____

VIOLATIONS (Traffic or Criminal)

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No

A conviction does not automatically mean that you cannot be taken as a member. The type of conviction and how long ago it happened is

important. Give us all the facts. _____

NOTICE TO APPLICANT

The completion of this application does not indicate that there are vacant positions in the Division of Fire and in no way obligates the Town of Wethersfield.

I understand that if I am offered membership in the Wethersfield Volunteer Fire Department of the Town of Wethersfield, such membership is contingent upon my supplying the proper identification and authorization documents required under the Immigration Control and Reform Act of 1986.

I hereby authorize the Wethersfield Volunteer Fire Department to conduct a personal background investigation including school attended, former and present employers, residences, named references, criminal and motor vehicle record check in connection with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further, I understand/agree that membership is for no definite period and may be terminated at any time without any previous notice. I understand that I do not have a contract of employment and no one is authorized to make any such promise.

Membership is contingent upon applicant passing a job-related physical examination and a drug and alcohol test.

Signature of Applicant: _____ Date: _____

DEPARTMENT/COMPANY ACCEPTANCE OF APPLICANT

The undersigned Office has confirmed that the applicant meets the following Division requirement. The applicant is older than 18 years of age and has completed the minimum educational requirements.

Application accepted by Company No. _____ on _____, 20____ by _____
Company Captain

Chief, Division of Fire _____ Date _____, 20____

Town Manager _____ Date _____, 20____

PRE-EMPLOYMENT PHYSICAL EXAMINATION

This is to certify that the applicant named herein has been examined in conformance with department and OSHA requirements by a medically approved facility named _____ on _____ by Dr. _____.

Medical Approval paperwork received on _____.

The applicant named herein has Medical Clearance for:

- Interior Attack** * Fully qualified to perform firefighter duties including SCBA respirator clearance
- Exterior/Fireground** * Fully qualified for firefighter duties BUT NOT SCBA
- Administrative** * Evaluated to be Not Qualified to perform firefighter duties or for respirator clearance.
- Support Services** *

Office Use: Company 1 2 3 * Employee Number: _____ * Date Accepted: ____/____/____