



First in Connecticut. First for its citizens.

Volunteer Fire Department Application

Name: _____ **Date:** _____

Home Address _____ **Home Phone #:** _____

Town: _____ **Work Phone #:** _____

State: _____ **Zip Code:** _____ **Social Security #:** _____

Email: _____

1). Is your current employer aware of your intentions to become a member of the Town's Fire Department? **Yes** _____ **No** _____

2). Would you be allowed to answer alarms during working hours? **Yes** _____ **No** _____

3). License and Skills

a). List all licenses (including driver's license) which you possess. Also list the state or authority which the license is granted.

b). List any skills and/or experience you may have in firefighting or related work areas.

Employment:

In the space provided below, please give a record of your present employment and one former employer (giving your present employer first)

Employer: _____ **Dates Employed:** _____

Address _____ **Phone #:** _____

Job Title: _____ **Supervisor:** _____

Job Duties: _____

Employer: _____ Dates Employed: _____

Address _____ Phone #: _____

Job Title: _____ Supervisor: _____

Job Duties: _____

Reason for leaving: _____

References:

Please list below two individuals who can describe your qualifications for this position. You may use a present member of the Fire Department as one of your choices.

Reference #1

Name _____ Phone #: _____

Address _____ Town: _____ Zip Code: _____

Reference #2

Name _____ Phone #: _____

Address _____ Town: _____ Zip Code: _____

Do you give your consent to the Fire Department to conduct a records check with the Local/State Police Departments

Yes _____ No _____ Initial _____

I hereby apply for membership as a volunteer firefighter for the Town of Windsor Volunteer Fire Department.

If found acceptable, I agree to abide by the SOP's, By-Laws and regulations of the Town of Windsor Volunteer Fire Department and the Fire Company to which I am applying.

Applicants Signature

Date

Town of Windsor Affirmative Action Date

The Town of Windsor is an **Equal Opportunity Employer**. Applicants are considered for all positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, ancestry, age, marital, family or veteran status, past or present history of mental disorder, mental retardation, learning disability, or physical disability or handicap including but not limited to blindness.

Because the Town of Windsor is committed to making a concerted effort to recruit qualified applicants from all of the above mentioned groups, we ask that you complete the following questions.

This information will be used solely for affirmative action and recruitment purposes, in accordance with the Americans with Disabilities Act (ADA) and other applicable laws. Submission of this data is voluntary and refusal will not subject you to any adverse treatment. Although completing this information is voluntary, your cooperation will help us with mandated federal and state reporting, and with future recruiting. As required by the ADA and other applicable laws, this data will be kept confidential in an affirmative action file separate from your application.

Position Applied for: _____ **Date** _____

Date of Birth _____

Check one: Sex **Male** _____ **Female** _____

Check one: Race/Ethnic Group

White: _____ **Black** _____ **Hispanic** _____

**American Indian,
Eskimo, Aleut** _____ **Asian or Pacific Islander** _____ **Other** _____

Check if any of the following are applicable:

Veteran _____ **Veteran with Disability** _____ **Individual with Disability** _____

Please identify the nature of your disability in the space below if you so choose:

For internal use only:

Station 600 _____ **Station 700** _____ **Station 800** _____ **Station 900** _____
Background check complete _____ **References checked** _____
Copy of application sent to the Deputy Chief _____