



TOWN OF VERNON FIRE DEPARTMENT

280 West St
Vernon, CT 06066
www.vernonfire.com



To Prospective Candidate:

Thank you for your interest in the Town of Vernon Fire Department.

Attached is an application for membership to the department. We ask that you please fill out the application **COMPLETELY**. Please follow the listed steps below. We will not act upon your application until it is fully completed.

1. Fill out / sign the Application for Membership in its entirety, and have it notarized.
2. Fill out/ sign the Authorization for Release of Personal Info, and Disclosure Regarding Background Investigation forms.
3. Bring your Application for Membership, Authorization for Release of Personal Info, and Disclosure Regarding Background Investigation to the Vernon Police Department and be fingerprinted for a background check. Visit www.vernonctpolice.org/records.html for info on times for fingerprinting. There is no charge for Volunteer FF applicants.

Once the steps listed above are completed please mail or deliver the application to:

Town of Vernon Fire Department
Attn: Administrative Assistant Chief
280 West St
Vernon, CT 06066.

Your completed application will be processed for admission after successfully passing the background check. This usually occurs on the first Monday of each month. You will be notified by phone of the outcome of your application.

As it stated in the application, once you are admitted to the department, you will be **REQUIRED** to undergo a complete physical examination through CorpCare of Manchester [at the department's expense]. An individual applying to the Town of Vernon Fire Department **MUST** be physically fit to work as an EMT and/or Firefighter. A successful physical **WILL** be required.

Thank you again for your interest in the Town of Vernon Fire Department and serving your community as a volunteer.



Town of Vernon Fire Department

Attn: Administrative Assistant Chief
280 West St Vernon, CT 06066

Application for Membership

Application for:

- Firefighter
 Junior Firefighter (ages 14 to 17)
 Fire Police
 Auxiliary

PERSONAL INFORMATION							
Last Name:			First Name:			Middle Initial:	Suffix (i.e. II, Jr., Sr.)
Current Address:				Apartment #:	City:	State:	Zip Code:
Current Age:	Date of Birth:	Home Number:	Work Number:	Cell Phone Number:	Pager Number:		
Email Address:				Secondary Email Address:			
Social Security #:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License # & State:	License Expiration Date:	License Class:			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.							

EMERGENCY CONTACT INFORMATION				
Last Name:		First Name:		Relationship:
Address, City, State, Zip:				
Phone Numbers - Home:	Cell:	Work:	Pager:	

SECONDARY EMERGENCY CONTACT INFORMATION				
Last Name:		First Name:		Relationship:
Address, City, State, Zip:				
Phone Numbers - Home:	Cell:	Work:	Pager:	

I, _____ give the Town of Vernon Fire Department permission to contact the above individual(s) in a case of emergency.

(Signature of Applicant)

EMPLOYER INFORMATION	
Occupation:	Shift Worked:
Employer's Name:	Employer's Address:

EXPERIENCE		
Previous Fire/EMS Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, How Long:	Rank Held:
Name of Department:	Chief's/Supervisor's Name:	Phone Number:
Please List Certifications [Attach Copies of Certifications]:		

Applicant Name: _____

REFERENCES		
List a minimum of two references [List any Town of Vernon Fire Department members first]:		
Name	Address	Phone Number

Signature of Applicant: _____

Date: _____

Signature of Legal Guardian [For Junior Member Applicants]: _____

VOLUNTARY WAIVER [Junior Member Applicants - Do not complete this section]

I, _____ [Name], being of legal age and residing at _____ [Address, City, State, Zip], do hereby authorize the CHIEF OF DEPARTMENT and/or MEMBERSHIP COMMITTEE of the TOWN OF VERNON FIRE DEPARTMENT, Vernon, Connecticut, to view and receive copies of any and all records of convictions of any crimes, and I do hereby authorize any police department to release and furnish such information to the CHIEF OF DEPARTMENT and/or MEMBERSHIP COMMITTEE of the TOWN OF VERNON FIRE DEPARTMENT. I understand that if appointed as a member of the TOWN OF VERNON FIRE DEPARTMENT, I will be required to undergo physical examinations as deemed necessary for all members. I also do agree to release to the CHIEF OF DEPARTMENT and/or DEPUTY CHIEF/HEALTH & SAFETY OFFICER of the TOWN OF VERNON FIRE DEPARTMENT the results of these physical examinations by my personal physician [at the applicant's expense] and/or CorpCare in Manchester [at the department's expense].

A copy of this document shall be as valid as the original.

SIGNED _____

PERSONALLY APPEARED BEFORE ME THE _____ DAY OF _____, _____ FREE ACT AND DEED

[NOTARY PUBLIC]



[SEAL]

FOR TOWN OF VERNON FIRE DEPARTMENT / VERNON PD USE ONLY

Date Application Received:	Date of Staff Meeting Application will be voted on:
-----------------------------------	--

Reference Check	Completed By:	Date:
------------------------	----------------------	--------------

PD Fingerprinting	Completed By:	Date:
--------------------------	----------------------	--------------

Background Record Check	Completed By:	Date:
--------------------------------	----------------------	--------------

Record(s) Found: Yes No *[If Yes, provide details on separate page]*

Initial Physical	Dated Completed:	Respiratory Restrictions:
-------------------------	-------------------------	----------------------------------

Application: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	Date:	Company Assigned:	ID # Issued:
--	--------------	--------------------------	---------------------



TOWN OF VERNON
DEPARTMENT OF POLICE
 725 HARTFORD TURNPIKE
 VERNON, CONNECTICUT



Phone (860) 872-9126

Fax: (860) 872-7249

James L. Kenny
 Chief of Police

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to **Detective Lieutenant William Meier**, or to any duly authorized agent of the Vernon Police Department, whether said records are public, private, or of confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational, financial, and credit institutions, including records of deposits, withdrawals and balances or checking and savings accounts and loans, and also the records of commercial and retail credit agencies (including credit reports and ratings); public utilities; employment and previous employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, salary records, real and personal property tax statements and records wherever filed; records of complaint, arrest, trial and or conviction for alleged or actual violations of the law, including criminal and traffic records, records of complaints of a civil nature made by or against me, wherever located, and to include the records and recollection of attorneys-at-law or other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Town of Vernon to consider in determining my suitability for employment by the town. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Vernon. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejections of my application.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

 Signature

Date of Birth:

Social Security Number:

 Witness

Date:

TOWN OF VERNON

14 Park Place
Vernon, CT 06066

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

The Town of Vernon may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, professional licenses and credentials. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information regarding your use of social media, and other publicly accessible information.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Strategic Information Resources, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-332-9479, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, or another outside organization.

The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Strategic Information Resources, 155 Brookdale Dr, Springfield, MA 01104, Phone: 413-736-4511 / 800-332-9479, Fax: 413-733-2061 / 800-345-3392, <http://www.backgrounddecision.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My signature below certifies that this acknowledgement and authorization was completed by myself and is complete and true to the best of my knowledge. Copies and facsimile copies of this document may be accepted in lieu of the original.

Applicant Signature

Printed Name

Date

Parent/Legal Guardian Signature

Printed Name

Date

(If the applicant is under the age of 18 please have a parent/legal guardian sign above authorizing the background check)

APPLICANT INFORMATION

Social Security #*

Date of Birth**

Driver's License #

State

Email Address

Current Address

City

State

Zip

Residence Dates: (From – To)

Previous Address

City

State

Zip

Residence Dates: (From – To)

Please list alias names you have used in the past seven years here. (May include maiden names, former legal names, etc)

* Date of Birth & Social Security Number are being requested in order to obtain accurate retrieval of records.

For a copy of our privacy policy, please visit http://www.strategicinfo.com/pubs/sir_privacy_statement.pdf
Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau,
1700 G Street N.W., Washington, DC 20552

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights,**

go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer-reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>I.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>