



# TOWN OF VERNON FIRE DEPARTMENT

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P.O. BOX 54  
VERNON, CONNECTICUT 06066

Office of the Chief

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. This includes obtaining a police background check and having it notarized. We will not act upon your application until it is fully completed.

Once the application is complete, it will be brought before the company officers of the department for admission. 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] or your personal physician [at your 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.



# Town of Vernon Fire Department

P.O. Box 54 Vernon, CT 06066

## Application for Membership

Application for:

- Firefighter   
  Junior Firefighter (ages 14 to 17)   
  Ambulance Technician   
  Fire Police

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 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]**

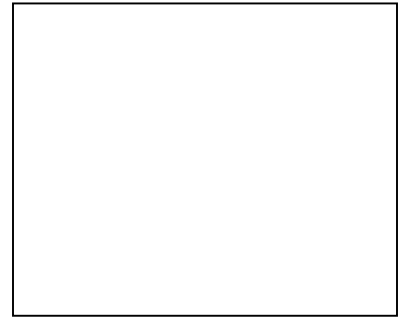
I, \_\_\_\_\_ [Name], being of legal age and residing at \_\_\_\_\_ [Address, City, State, Zip], do hereby authorize the CHIEF OF DEPARTMENT and/or MEMBERSHIP COMMITTEE of the TOWN OF VERNON FIRE DEPARTMENT, Vernon, Connecticut, to view and receive copies of any and all records of convictions of any 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 USE ONLY**

Date Application Received:	Date of Staff Meeting Application will be voted on:
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Reference Check	Completed By:	Date:
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PD Background Check	Completed By:	Date:
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Record(s) Found:  Yes  No *[If Yes, provide details on separate page]*

Initial Physical	Dated Completed:	Respiratory Restrictions:
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Application: Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	Date:	Company Assigned:	ID # Issued:
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