



# TOWN OF VERNON FIRE DEPARTMENT

280 West St  
Vernon, CT 06066  
[www.vernonfire.com](http://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 **EXACTLY** as they are laid out. We will not act upon your application until it is fully completed.

1. Fill out / sign the Application for Membership in its entirety.
2. Fill out/ sign the Authorization for Release of Personal Info form.
3. **Adult applicants:** Please email [rbabcock@vernon-ct.gov](mailto:rbabcock@vernon-ct.gov) to obtain a service code for fingerprinting. When you receive the service code, please visit: <https://ct.flexcheck.us.idemia.io/cchrspreenroll/> to obtain an Applicant Tracking #. When you have the Applicant Tracking # please call the Vernon PD Records Division at 860-872-9126 ext. 1127 for an appointment. Bring your Application for Membership and Authorization for Release of Personal Info to the Vernon Police Department and be fingerprinted for a background check. There is no charge for Volunteer FF applicants.
4. **Junior FF Applicants (Ages 14-17):** Please bring your Application for Membership and Authorization for Release of Personal Info to the Vernon Police Department Records Division window during daytime business hours. They will conduct an in house background check and stamp your application if initially successful.

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. You will receive an email with instructions from the background check agency. 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 Priority Urgent Care in Ellington [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. Please visit us online at [www.vernonfire.com](http://www.vernonfire.com) and follow us on Facebook and Instagram.



# 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:		Phone Type (Apple/Android)	
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:	Email:	

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

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**

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 Priority Urgent Care in Ellington [at the department's expense]. Initial physicals shall be done at Priority Urgent Care in Ellington.

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

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

**FOR TOWN OF VERNON FIRE DEPARTMENT/ VERNON PD USE ONLY**

<b>Date Application Received:</b>		<b>Date Member Announced at Staff Meeting:</b>	
<b>Reference Check</b>	<b>Completed By:</b>	<b>Date:</b>	
<b>PD Fingerprinting</b>	<b>Completed By:</b>	<b>Date:</b>	
<b>Background Record Check</b>	<b>Completed By:</b>	<b>Date:</b>	
<b>Record(s) Found:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[If Yes, provide details on separate page]</i>			
<b>Initial Physical</b>	<b>Dated Completed:</b>	<b>Respiratory Restrictions:</b>	
<b>Application:</b> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	<b>Date:</b>	<b>Company Assigned:</b>	<b>ID # Issued:</b>



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



Phone (860) 872-9126

Fax: (860) 872-7249

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 the **Vernon Police Department Detective Division**, 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: