

Stratfield Volunteer Fire Department

400 Jackman Avenue • Fairfield, CT. 06825

203-254-4748 • www.rescue15.com

APPLICATION FOR MEMBERSHIP

Personal Information

Are you applying for: Active or Social

Name: (First, MI, Last)						
Address:		City:		State:	Zip:	
Length at Current Address:			Length at Previous Address:			
Previous Address: (If less than 10 years at current)			City:		State: Zip:	
Home Phone:		Cell Phone:		Other Phone:		D.O.B.
Email Address:		Driver License Number:		State:	License Type:	Social Security Number:

Education

Name of High School:		City:		State:	Year Graduated:
Name of College:			City:		State:
Major:		Year Graduated:		Military Experience:	
Further Education:					

Employment

Name of Employer:				Phone:	
Address:		City:	State:	Zip:	Length of Employment:
Previous Employer:				Phone:	
Address:		City:	State:	Zip:	Length of Employment:

Experience

Please list any firefighting experience:		Please list any first aid or emergency medical experience:	
Please list any special skills:			

History

Have you ever been convicted of a misdemeanor or felony? If yes, explain:	
Have you had any traffic violations in the last three years? If yes, explain:	

References

Name:		Phone:	Relationship:
Name:		Phone:	Relationship:
If a current or previous member referred you, please list:		Phone:	Relationship:

I, the undersigned, hereby apply for membership with the Stratfield Volunteer Fire Department, Inc. I give my consent for the Stratfield Volunteer Fire Department to conduct an investigation into my past, including, but not limited to: local and state police criminal records, Department of Motor Vehicles history, contacting of current and previous employers, and contact of references. I understand that investigation of the previously mentioned history could result in my not being accepted for membership at the discretion of the Company. I further understand that making false statements or willfully withholding information on this application will be grounds for rejection of the application and/or immediate dismissal from the Stratfield Volunteer Fire Department, Inc. As a member I understand that I must abide by all rules and regulations of the Stratfield Volunteer Fire Department, Inc., the Fairfield Fire Department and all federal, state and municipal laws and regulations. I agree to these conditions and hereby certify that all statements made on this application are to the best of my ability, complete and true. I understand that the Stratfield Volunteer Fire Department Inc., does not discriminate based on sex, race, ethnicity, sexual orientation, national origin, mental or physical ability.

Applicant's Signature		Date:
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