

Stratfield Volunteer Fire Department

400 Jackman Avenue • Fairfield, CT. 06825
203-254-4748 • www.stratfieldfire.org

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:	License Expiration:	

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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