

# South Killingly Fire Department

## Volunteer Membership Application

An Equal Opportunity Employer

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Names / Aliases Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you eighteen (18) years or older? Yes\_\_\_ No\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a valid driver's license? Yes\_\_\_ No\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

Have you ever applied to the South Killingly Fire Department before? Yes\_\_\_ No\_\_\_

If yes, when? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Who/What referred you to the South Killingly Fire Department? \_\_\_\_\_

### EMPLOYER INFORMATION

Employer's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

### MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes\_\_\_ No\_\_\_

If yes, what branch? \_\_\_\_\_ Date of Service: From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

If a veteran, please provide a copy of your DD-214.

### PERSONAL REFERENCES

(Give the names of three persons who have known you for at least one year. Not former employers or relatives.)

1. Name and Occupation: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

2. Name and Occupation: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

3. Name and Occupation: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **EXPERIENCE INFORMATION**

Previous Fire/EMS Experience? Yes\_\_\_ No\_\_\_ If yes, how long? \_\_\_\_\_ Rank/Position: \_\_\_\_\_

Name of Department: \_\_\_\_\_ Chief's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list Certifications (Attach copies of all certifications): \_\_\_\_\_

\_\_\_\_\_

Skills/Trades (e.g., plumbing, electrical, mechanical, grant writing, etc.):

\_\_\_\_\_

\_\_\_\_\_

## **APPLICANT AGREEMENT**

I certify that the above information in this application is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for membership, or result in immediate dismissal if discovered at a later date.

I agree to abide by and conform to the South Killingly Fire Department's rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FOR DEPARTMENT USE ONLY**

Date Application Received: \_\_\_\_\_

Called for Interview: \_\_\_\_\_

Date of Officers Meeting: \_\_\_\_\_

Date Application Read at Meeting: \_\_\_\_\_

Approved as Probationary Member: \_\_\_\_\_

Approved as Regular Member: \_\_\_\_\_

## Background Check Disclosure and Authorization

### DISCLOSURE:

In connection with my application for volunteer membership with the South Killingly Fire Department ("SKFD"), SKFD may obtain a consumer report and/or an investigative consumer report on me as defined under the Fair Credit Reporting Act (FCRA), as well as applicable state laws. These reports may include, but are not limited to, criminal history records, motor vehicle driving records, verification of prior employment and education, personal and professional references, and other public record information.

If an investigative consumer report is obtained, I understand that I have the right to request a written summary of the nature and scope of the report. I also understand that I have the right to request a copy of any report obtained and to dispute any information that I believe to be inaccurate or incomplete.

This disclosure is provided to you pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., and applicable state laws, including Connecticut General Statutes.

### AUTHORIZATION:

I hereby authorize SKFD to obtain consumer reports and/or investigative consumer reports for volunteer membership purposes at any time during my application process and, if accepted, during my membership. These reports may include, but are not limited to, criminal history records, motor vehicle driving records, verification of prior employment and education, reference checks, and other public record information relevant to evaluating my qualifications.

I authorize the release of all such information to SKFD and its designated agents. I understand that my consent will remain in effect until I provide written notice revoking it.

I understand that SKFD may use a third-party consumer reporting agency to obtain such reports and that the agency may maintain information about me in its files and may furnish such information to others as permitted by law.

I acknowledge that refusal to authorize this background check will result in my application not being processed further.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_