

South Killingly Fire Department

Volunteer Application

An Equal Opportunity Employer

PERSONAL INFORMATION

NAME: (Last) _____ (First) _____ (MI) _____

ADDRESS: (Street) _____

(City) _____ (State) _____ (Zip) _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

SOCIAL SECURITY NUMBER: _____

Are you eighteen (18) year 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? 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

Where you in the U.S. Armed Forces? Yes ___ No ___ If yes, what branch? _____

Date of service: From _____ To _____ Type of Discharge _____

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

Name and Occupation	Address and Phone Number
1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name: _____ Relationship _____

Address, City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EXPERIENCE INFORMATION

Previous Fire/EMS Experience: Yes ___ No ___ If yes, how long? ___ Rank or position held: _____

Name of Dept. _____ Chief's Name: _____ Phone No: _____

Please list Certifications: (Attach copies of all Certs.) _____

I, (please print) _____ being of legal age do hereby understand that if I am appointed as a member of the South Killingly Fire Department, I will be required to undergo physical examination as deemed necessary for all members. I also agree to release to the Chief and or membership committee the results of these physical examinations.

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 my 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 Departments rules and regulations.

Signed: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date Application received: _____

Called for interview: _____

Date of Officers Meeting: _____

Date of Application read at meeting: _____

Approved as Probationary Member: _____

Approved as regular member: _____