



**WILLINGTON FIRE DEPARTMENT INC. # 1**  
**APPLICATION FOR MEMBERSHIP**  
**PERSONAL BACKGROUND**



LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF BIRTH (MO/DAY/YR)
PRESENT ADDRESS		CITY	STATE	ZIP CODE	HOW LONG HAVE YOU LIVED AT YOU CURRENT ADDRESS?
PRIOR ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)					SOCIAL SECURITY NUMBER
DRIVERS LICENSE NUMBER, CLASS AND STATE IN WHICH ISSUED					PHONE NUMBER (     )
EMAIL ADDRESS					CELL PHONE PROVIDER
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATION?					YES                      NO
IF YES, PLEASE LIST ALL CONVICTIONS, DATES AND NATURE OF OFFENSES:					
<i>(THE EXISTENCE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY EXCLUDE YOU FROM MEMBERSHIP)</i>					
HAVE YOU PREVIOUSLY APPLIED FOR MEMBERSHIP WITH WFD #1?		YES	NO	IF YES LIST DATE:	
HAVE YOU BEEN A MEMBER OF ANY OTHER DEPARTMENT?		YES	NO	IF SO, WHEN:	
ARE YOU CURRENTLY AFFILIATED WITH ANY OTHER DEPARTMENT?		YES	NO	IF YES, WHO:	
<b>AVAILABILITY FOR EMERGENCIES</b>					
WEEKDAYS		EVENINGS		NIGHTS	WEEKENDS
<b>EDUCATION</b>					
HIGH SCHOOL					YEAR GRADUATED:
BUSINESS/TECHNICAL					YEAR GRADUATED: DEGREE:
COLLEGE					YEAR GRADUATED: DEGREE:
OTHER					YEAR GRADUATED: DEGREE:
<b>CERTIFICATIONS</b>					
FIREFIGHTER (LIST LEVEL (S) COMPLETED AND STATE CERTIFICATION)					
MEDICAL (LIST LEVEL(S) COMPLETED, STATE OF CERTIFICATION AND CERTIFICATION NUMBER)					
OTHER TRAINING					

## EMPLOYMENT HISTORY

*LIST BELOW ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE ANY MILITARY WORK EXPERIENCE AND VOLUNTEER ACTIVITIES. PRESENT OR LAST POSITION FIRST.*

EMPLOYER:		DATES EMPLOYED (MO/YR) FROM                      TO
ADDRESS:		
CITY, STATE	DUTIES:	
SUPERVISOR:		PHONE NUMBER
EMPLOYER:		DATES EMPLOYED (MO/YR) FROM                      TO
ADDRESS:		
CITY, STATE	DUTIES:	
SUPERVISOR:		PHONE NUMBER

## REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN
1.				
2.				
3.				

## APPLICATION TYPE

PAID	BOTH	VOLUNTEER
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## ACKNOWLEDGMENTS

----PLEASE READ BEFORE SIGNING----

I AUTHORIZE INVESTIGATION OF ALL INFORMATION AND STATEMENTS CONTAINED IN THIS APPLICATION FOR MEMBERSHIP AS MAY BE NECESSARY IN ARRIVING AT AN ACCEPTANCE DECISION. I UNDERSTAND THAT ANY FALSE INFORMATION OR MISREPRESENTATION ON THIS APPLICATION WILL RESULT IN MY BEING ELIMINATED FROM FURTHER CONSIDERATION. I FURTHER UNDERSTAND THAT, IF ACCEPTED FOR MEMBERSHIP, ANY FALSE INFORMATION OR REPRESENTATION, WHICH BECOMES KNOWN TO THE DEPARTMENT, WILL BE CAUSE FOR DISCHARGE.

IN CONSIDERATION OF MY MEMBERSHIP, I AGREE TO CONFORM TO THE INSTRUCTIONS, RULES AND POLICIES OF THE WILLINGTON FIRE DEPARTMENT #1.

SIGNATURE:

***NOTE: PARENT CONSENT IS REQUIRED OF PERSONS UNDER 18 YEARS OF AGE***

SIGNATURE OF PARENT OR GUARDIAN:

## INTERVIEWER'S NOTES

INTERVIEWER (S):

COMMENTS:

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**(FOR OFFICE USE ONLY)**

**VOTE**

DATE:

NUMBER OF MEMBERS PRESENT:

NUMBER OF AFFIRMATIVE VOTES:

NUMBER OF NEGATIVE VOTES:

ACCEPTED

REJECTED