

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
PRIOR ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)			HOW LONG?
DRIVERS LICENSE NUMBER, TYPE OF LICENSE AND STATE IN WHICH ISSUED			HOME PHONE ()
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:

AVAILABILITY FOR EMERGENCIES

WEEKDAYS	EVENINGS	NIGHTS	WEEKENDS
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EDUCATION

HIGH SCHOOL	YEAR GRADUATED:
	DEGREE:
BUSINESS/TECHNICAL	YEAR GRADUATED:
	DEGREE:
COLLEGE	YEAR GRADUATED:
	DEGREE:
OTHER	YEAR GRADUATED:
	DEGREE:

CERTIFICATIONS

FIREFIGHTER (LIST LEVEL (S) COMPLETED AND STATE CERTIFICATION)
EMERGENCY MEDICAL TECHNICIAN (LIST LEVEL (S) COMPLETED, STATE OF CERTIFICATION AND CERTIFICATION NUMBER)
OTHER (IE: CPR, HAZ-MAT, SCBA, ETC.) LIST CERTIFICATION NUMBERS AND EXPIRATION DATE IF APPLICABLE

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

The following information is requested by the Federal Government in order to monitor Willington Fire Department Inc. #1's compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, and sex. The law requires that we may not discriminate based on this information, no whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the item below.

I do not wish to furnish this information

Race/ American Indian or Alaskan Native

National Origin Black, not of Hispanic Origin

Asian or Pacific Islander

Hispanic Origin

White, not of Hispanic Origin

Other

Sex Male

Female