# FAIR HAVEN
# FIRE DEPARTMENT

**5 North Park Place**
**Fair Haven, Vermont 05743**
**802-265-3010**

## Fire Department Application

The Fair Haven Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, sex, sexual orientation, gender identity, age, marital status, religious creed, color, national origin or handicap.

It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on information provided on this application, and gathered via background investigations and interviews.

In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon position information.

## Instructions

1. You must complete all sections of this application.
2. Please print or type the required information
3. Resumes are accepted only as a supplement to the membership application.
4. Use blank paper if you do not have enough room on this application.
5. Applications without a signature will not be accepted.

## Position

Please mark the position(s) you are interested in providing service:

- ☐ Firefighter
- ☐ Fire Police Officer
- ☐ Junior Firefighter

## Personal Information

Full Name: _____

Home and Mailing Address:_____

City, State, Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Home and/or Cell Phone: _____

Email Address: _____

How long have you resided at this address: _____

Do you live within the Town limits? ☐ Yes ☐ No

Are you within 5 miles of the Town limits? ☐ Yes ☐ No

Have you ever filed an application for FHFD before? ☐ Yes ☐ No

Have you ever been a member of the FHFD before? ☐ Yes ☐ No

Were you referred to the FHFD department? ☐ Yes ☐ No

If yes, details: _____

Are you presently or have you ever been a member of any fire, rescue, EMS or emergency services agency? ☐ Yes ☐ No If yes, what agency(s)?

_____

Why do you want to become a member of the FHFD department?

_____

_____

| **Emergency Contact Information** | *In case of emergency, please contact:* |
|---|---|
| Primary Name: | Relation: |
| Daytime Phone: | Evening Phone: |
| Secondary Name: | Relation: |
| Daytime Phone: | Evening Phone: |

## Employment

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? ☐ Yes ☐ No *(Proof of citizenship or immigration status is required if approved as member.)*

Are you currently employed? ☐ Yes ☐ No

May we contact your current or most recent employer? ☐ Yes ☐ No

If currently employed, date from: _____ to _____

Current Employer: _____

Address: _____ Phone: _____

Job Title: _____ Reason for leaving: _____

Supervisor's name: _____

Previous Employer: _____

Address: _____ Phone: _____

Job Title: _____ Reason for leaving: _____

Supervisor's name: _____

Have you ever served in the Armed Forces of the U.S.? ☐ Yes ☐ No

If yes, indicate record of service (branch, dates, rank): _____

_____

| Education | Highest Grade Completed | Dates Attended | Location | Diploma/Degree |
|---|---|---|---|---|
| High School | | | | |
| College | | | | |
| Business/Trade | | | | |
| Other | | | | |

## Medical History

Indicate your general condition of health: _____

_____

Do you have medical conditions or physical limitations that should be considered? ☐ Yes ☐ No

Are you able to perform without special accommodations? ☐ Yes ☐ No

Are you currently receiving any special medical treatment or medications? ☐ Yes ☐ No

If you answered yes, explain: _____

_____

_____

## Qualifications, Skills and Training

List any current fire, rescue, EMS and/or emergency management training, experience and certifications. Include expiration dates and certifying state, department or agency. Please attach copies of your certifications to this application.

_____

_____

_____

*Contact Information for above:* _____

Do you have or foresee any problems with heights, using self-contained breathing apparatus (SCBA) or possibly being confined to small places for lengthy periods of time? ☐ Yes ☐ No
If you answered yes, explain:

_____

_____

## Public Safety Organization Information

Please list any additional education, skills, volunteer work, hobbies or other information you feel may be helpful in evaluating your application: _____

_____

Are you a member of any other community service organization? ☐ Yes ☐ No

If you answered yes, what organization(s): _____

_____

## Driving Record

Do you have a valid Vermont driver's license? ☐ Yes ☐ No

If not Vermont, what state of license? _____

Class of License: _____ Expiration Date: _____

## Criminal History

Have you been convicted of any crime (misdemeanors, traffic offenses, felonies)? ☐ Yes ☐ No
*Note:* Affirmative answers do not necessarily disqualify the application from consideration for service.

If yes, describe the offense(s):_____

_____
County, City, State of Conviction Statue or Ordinance (if known) Date of Conviction

_____
County, City, State of Conviction Statue or Ordinance (if known) Date of Conviction

*Convictions will only be considered to the extent they are deemed related to the duties of membership. For additional convictions, use plain paper and include information listed above.*

## Certification and Agreement

***This statement must be signed. Please read and check each statement carefully before signing.***

- ☐ I hereby certify that the information contained in this application is true, accurate and complete to the best of my knowledge. I authorize investigation of any or all statements contained in this application.
- ☐ I understand that any misrepresentations or falsifications of information provided may lead to withdrawal of opportunity or termination following membership. I release from all liability of responsibility all persons and organizations supplying information. The Fair Haven Fire Department and/or any representative thereof is hereby authorized to make investigation of my driving record and criminal history background to be completed by the local police department as a condition of application.
- ☐ I agree to provide a signed authorization on a HIPAA compliant form for any medical information that is deemed necessary in order to judge my capacity to do the work for which I am applying.
- ☐ I agree that if my application for membership is accepted and approved, I will be held personally responsible for any and all department issued equipment and supplies. Further, I agree to return all department issued equipment and supplies upon leaving or being terminated from the department.
- ☐ I understand that if my application is approved, there will be a one (1) year probationary period; and if my performance is not as expected by the department within that period, I may be discharged by the line officers of the department without recourse.
- ☐ I understand that I will be required to attend a minimum of one (1) training per month and a minimum of 24 hours per year, 10% of dispatched incidents per quarter as required by department standard operating guidelines. Also, I understand that I will be required to attend fundraising activities and other department functions that I am available for.
- ☐ I will attend and pass the FFl course within the two years allotted from my application approval.
- ☐ By applying for a Fire Police position, I will be required to take a Highway Safety Course and other courses accordance with SOG's.
- ☐ If I fail to meet these obligations, I realize that my membership may be subject to disciplinary action, including suspension or termination.

**PLEASE NOTE:** If you are under 18 years of age and applying for consideration as a Junior Firefighter, parental consent in writing must be on file with the Department before your application will be accepted. We do not accept applications for Junior Firefighters from those under 16 years of age. Also, any unsatisfactory grades will result in an individual not being allowed to take part in Fire Department functions, as we feel that your education must come first.

***I have read, understand and by my signature consent to these statements.***

Signature: _____ Date: _____

Printed Name of Applicant: _____

Signature of Parent/Guardian: _____

## Do Not Write Below This Line

APPROVAL / DISAPPROVAL: ☐ Firefighter ☐ Fire Police Officer ☐ Junior Firefighter

APPLICATION ACCEPTED ON (DATE): _____

APPLICATION REJECTED ON (DATE): _____

REASON/REMARKS: _____

_____

CHIEF: _____ 1ST ASSISTANT CHIEF: _____