

APPLICATION FOR MEMBERSHIP

Application Date:		Social Security Num	ıber:		
Last Name:	First Name:			MI:	
Address:		Town:			
Home Phone:		Cell Phone:			
Date of Birth:					
Married: Single:			Are you a US Citizen? Yes No		
Driver's License No.:		License State:	License State: License Class:		
Are you a U.S. Veteran? Yes No		Branch:	Highest I	Rank:	
EDUCATION Are you a High School Grad Please list any college or oth	ner training after	·High School.	If no, high	l	
Name of School / College	Location	Major / Specialty	Dates Attended	Degree / Certification Earned	
EMPLOYMENT					
Present Employer:		Present Positi	on:		
Employer Address:	Employer Phone:				
Length of Service:	_ Schedule: Day	vsEvenings N	ights Rotat	ing Shift: Yes No	
Previous Employer:		Position:	D	ates:	
Previous Employer:		_ Position:	D	ates:	
Previous Employer:		_ Position:	D	ates:	
EMERGENCY INFO					
Name:	Name: Re				
Address:		Primary Phone:	Second	lary Phone:	
Allergies:					

EMERGENCY SERVICE EXPERIENCE

Have you ever belonged to a Fire Department or Emergency Services Organization? Yes No

Name of Organization	City, State	Highest Rank Held	Time Served

Training Certifications Obtained (Include Copies):

REFERENCES

Please give at least one personal and one professional reference.

Name	Address	Phone	Relation

LEGAL INFORMATION

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No Do you currently have any pending felony charges against you? Yes No

*A conviction does not automatically mean that you cannot be taken as a member. The type of conviction and how long ago it happened is important. Please give dates and details to any questions answered yes:

I hereby authorize the Middlefield Volunteer Fire Company, Inc. to check and verify any and all information I have provided in this application which may include a personal background check to any extent deemed necessary by the Fire Company, a check of the Connecticut or any other State Motor Vehicle Department records, medical records and any local, state or federal police agencies.

As part of my application procedure, I understand that I must submit to a full physical examination to determine my fitness for duty in the Fire Company. Such examination shall include a urinalysis drug test that shall be conducted within seven days of the application date.

I understand that I must be available for Monday night drills and meetings to be qualified as a Probationary Member. I agree to uphold the principles and mission of the Middlefield Volunteer Fire Company, Inc.

I understand and agree that all equipment, including the badge issued to me, remains the property of the company and must be returned within 30 days of termination or retirement from the Company.

Signature of Applicant: _____ Date: _____

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