

**TOWN OF NORTH BRANFORD, CT
APPLICATION FOR VOLUNTEER
FIREFIGHTER - EMS**



**909 FOXON ROAD
NORTH BRANFORD, CONNECTICUT 06471**

www.townofnorthbranfordct.com

2017



NORTH BRANFORD FIRE DEPARTMENT

VOLUNTEER FIREFIGHTER/EMS

Instructions: This application shall be used to apply for Regular Membership to all Companies. Please read all instructions carefully. Fill out this application completely, accurately and legibly. All statements in this application are subject to verification. Any applicant giving false information will be subject to disqualification. Failure to provide all information requested may delay the application process. All information provided will be held in the strictest confidence; a medical examination is required.

COMPANY APPLYING TO				
<input type="checkbox"/> Company 1	<input type="checkbox"/> Company 2	<input type="checkbox"/> Company 3	<input type="checkbox"/> Company 4	DATE

PERSONAL INFORMATION			
NAME (Last, First, MI)			DOB
ADDRESS			SSN
CITY, STATE, ZIP			PHONE
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	DATE OF TOWN RESIDENCE

ADDITIONAL CONTACT INFORMATION	
WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMPLOYMENT INFORMATION		
EMPLOYER		
ADDRESS	CITY	STATE
POSITION	WORK HOURS	

FOR COMPANY USE ONLY		
Read at meeting and posted on: ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted as Probationary on: ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted as Regular Member on: ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Additional comments on back of page.		

CONNECTICUT STATE DRIVER'S LICENSE INFORMATION

LICENSE NUMBER	CLASS	EXPIRATION
ENDORSEMENTS		RESTRICTIONS

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	PHONE
ADDRESS		CELLULAR PHONE / PAGER
CITY, STATE, ZIP		
EMPLOYER		WORK PHONE

PERSONAL DEMOGRAPHICS

EYE COLOR	HAIR COLOR	HEIGHT _____ ft _____ in	WEIGHT
LIST ANY KNOWN ALLERGIES			

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST YEAR, SCHOOL AND LOCATION			
IF NO, CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12	IF NO, YEAR AND LOCATION GED COMPLETED			
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)				
Name of School	City / State	Dates Attended	Major	Degree

EDUCATION – IF APPLICABLE, FOR JUNIOR MEMBERS (Age 14-18)

CURRENT GRADE IN HIGH SCHOOL 9 10 11 12	LIST SCHOOL, LOCATION AND CLASS HOURS
ARE YOU MAINTAINING A MINIMUM OF A “C” AVERAGE? (attach a copy of your last report card) <input type="checkbox"/> YES <input type="checkbox"/> NO	

ARMED FORCES EXPERIENCE

BRANCH	RANK
TYPE OF DISCHARGE & DATE	SERVICE DATES

PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICE EXPERIENCE

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANOTHER FIRE DEPARTMENT? YES NO

IF YES, PLEASE GIVE LOCATION AND LIST APPROXIMATE DATES

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANY EMERGENCY SERVICE? YES NO

IF YES, PLEASE LIST ORGANIZATION NAME, ADDRESS AND DATES OF SERVICE

PREVIOUS FIRE / EMS TRAINING

ENTER BELOW ALL FIREFIGHTER, EMS, OR OTHER APPLICABLE TRAINING (Use extra page if necessary)

Type of Certification	Date Received	Expiration	Jurisdiction in which received
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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

SPECIALIZED SKILLS

LIST YOUR SKILLS THAT THE FIRE DEPARTMENT MAY NEED

REFERENCES

RECOMMENDED BY A NORTH BRANFORD FIRE DEPARTMENT MEMBER

IF NOT RECOMMENDED BY A NBFDMEMBER, PLEASE PROVIDE PERSONAL REFERENCES
The North Branford Fire Department will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your education, work experience, character, and / or community service involvement.

NAME	TELEPHONE NUMBER	OCCUPATION / TITLE
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-----	-----	-----

ATTACHMENTS

Please attach to the back of this application photocopies of the following:

- Your Driver’s License
- Any Certification Cards or Certificates
- Any other requested information
- All other forms as required

**FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL
RESULT IN REJECTION OF YOUR APPLICATION**

REASON FOR JOINING

PLEASE INDICATE WHY YOU WISH TO JOIN THE NORTH BRANFORD FIRE DEPARTMENT

SIGNATURE

I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, my application may be rejected, or if already appointed, I may be dismissed.

Signature _____ Date _____

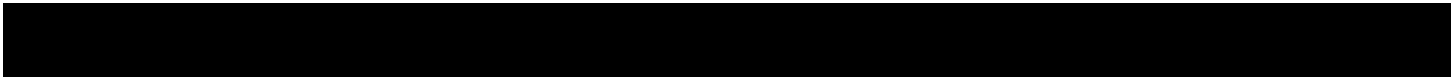
The following section is for Junior members (age 14-18) only and is to be filled out by a parent or legal guardian of the applicant

PARENTAL SIGNATURE– FOR JUNIOR MEMBERS (Age 16-18) ONLY

I _____, affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given is true and complete to the best of my knowledge and belief. I am aware that statements made on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, the application may be rejected, or if already appointed, my son / daughter may be dismissed.

Signature _____ Date _____
Name of Parent or Legal Guardian

****** PLEASE COMPLETE THE FOLLOWING ADDITIONAL FORMS ******



RELEASE OF INFORMATION

I _____, am making application to the North Branford Fire Department. As a
Print Name of Applicant
result, I hereby waive the privilege of confidentiality and authorize the release of those records about or concerning me as may be in possession of others, which are required as a condition of this application to the Town of North Branford Fire Department. I agree to release such records to its agencies to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and the ability to perform in the position I am applying for, including but not limited to: review of my educational references and background, medical history and treatment records, criminal conviction history check, fingerprint records and driving history check. I release from any liability any and all former educators or personal or other references who supply the Town of North Branford and/or its agencies with information about my background and education history. I also authorize the release of copies of any such aforementioned records to the Fire Chief of the Town of North Branford.

I have read, understand and agree to the foregoing.

Signature _____ Date _____

Social Security No. _____ D.O.B. _____

Witness _____
Signature Printed

*RECORD CHECK SEAL FROM LAW ENFORCEMENT
AGENCY MAY BE PLACED HERE*

William Seward, III, Fire Chief

Dated

JUNIOR FIREFIGHTER PAGER PROMISE – FOR JUNIOR MEMBERS (Age 16-18) ONLY

I _____, will not be permitted to have my fire department issued pager in school during school hours or during school activities that I am involved with. If the North Branford Fire Department learns that I had my pager at school during these times, I will be disciplined and/or dismissed from the North Branford Junior (Explorer Post) Fire Department. If dismissed I will be ordered to return all Fire Department equipment at once.

I have read, understand and agree to the foregoing.

Signature _____ Date _____
Signature of Junior Firefighter

Parent / Legal Guardian _____ Date _____
Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

AGILITY TEST RELEASE FROM LIABILITY (IF APPLICABLE)

I _____, do hereby release from any and all liability and/or claims for damages resulting from any and all aspects of an agility test of the North Branford Fire Department, to wit:

The North Branford Fire Department
The Town of North Branford, CT
Any and all individuals involved with the preparations and/or administration of said testing procedures.

I have read, understand and agree to the foregoing.

Signature _____ Date _____

Witness _____
Signature Printed

APPLICANT INTERVIEW PROCESS

Date of Interview: _____

Interview Panel Names:

HEPATITIS B VACCINE REQUEST FORM

Please check one of the following: (If you have received the hepatitis vaccine series please fill in the appropriate dates)

I have previously received the complete hepatitis B vaccine: Date of 1st Immunization: _____
Date of 2nd Immunization: _____
Date of 3rd Immunization: _____

I have previously received the hepatitis B vaccine and request the titer determination test done.
Date of 1st Immunization : _____
Date of 2nd Immunization _____
Date of 3rd Immunization: _____

I wish to undergo the complete hepatitis B vaccine series.

I wish to decline to participate at this time from the hepatitis B vaccine program.

I understand that due to my occupation and potential exposure to blood and other potentially infectious material, I may be at risk acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to receive the HBV immunization and blood titer, at no cost to myself. However, I decline to participate at this time. I understand that by declining, I continue to be potentially at risk of acquiring HBV, a serious disease. If, in the future, I continue to have occupational exposure to blood or potentially infectious material and wish to receive the hepatitis B vaccine, I can do so at no cost to me.

I have read, understand and agree to the foregoing.

Name: _____
Signature Printed

Social Security No. _____ Date _____

**NORTH BRANFORD FIRE DEPARTMENT
NEW MEMBERS CHECKLIST**

Task	Date of Completion	Officer
Respiratory Fit Test		
Rules and Regulations Issued		
Operations Manual Issued		
Station Key Fob Issued		
Company By-Laws Issued		
Locker #		
NBFD Pager Issued		
CT OEMS BLS Protocols		
Computer Access/Password		
Other:		
Other:		
Other:		
PPE Issued:	Date of Issue	Officer
Helmet w/Shield		
Safety Glasses		
Protective Hood		
Coat Size:		
Pants Size:		
Boots Size:		
Gloves Size:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		

END OF APPLICATION