



First in Connecticut. First for its citizens.

Volunteer Fire Department Application

Name: _____ Date: _____

Home Address _____ Home Phone #: _____

Town: _____ Work Phone #: _____

State: _____ Zip Code: _____ Social Security #: _____

Email: _____ Cell Phone #: _____

1). Is your current employer aware of your intentions to become a member of the Town's Fire Department? Yes _____ No _____

2). Would you be allowed to answer alarms during working hours? Yes _____ No _____

3). License and Skills

a). List all licenses (including driver's license) which you possess. Also list the state or authority which the license is granted.

b). List any skills and/or experience you may have in firefighting or related work areas.

Employment:

In the space provided below, please give a record of your present employment and one former employer (giving your present employer first)

Employer: _____ Dates Employed: _____

Address _____ Phone #: _____

Job Title: _____ Supervisor: _____

Job Duties: _____

Employer: _____ Dates Employed: _____

Address _____ Phone #: _____

Job Title: _____ Supervisor: _____

Job Duties: _____

Reason for leaving: _____

References:

Please list below two individuals who can describe your qualifications for this position. You may use a present member of the Fire Department as one of your choices.

Reference #1

Name _____ Phone #: _____

Address _____ Town: _____ Zip Code: _____

Reference #2

Name _____ Phone #: _____

Address _____ Town: _____ Zip Code: _____

Do you give your consent to the Fire Department to conduct a records check with the Local/State Police Departments

Yes _____ No _____ Initial _____

I hereby apply for membership as a volunteer firefighter for the Town of Windsor Volunteer Fire Department.

If found acceptable, I agree to abide by the SOP's, By-Laws and regulations of the Town of Windsor Volunteer Fire Department and the Fire Company to which I am applying.

Applicants Signature

Date

Town of Windsor Affirmative Action Date

The Town of Windsor is an **Equal Opportunity Employer**. Applicants are considered for all positions without regard to race, creed, color, religion, sex, national origin, sexual orientation, ancestry, age, marital, family or veteran status, past or present history of mental disorder, mental retardation, learning disability, or physical disability or handicap including but not limited to blindness.

Because the Town of Windsor is committed to making a concerted effort to recruit qualified applicants from all of the above mentioned groups, we ask that you complete the following questions.

This information will be used solely for affirmative action and recruitment purposes, in accordance with the Americans with Disabilities Act (ADA) and other applicable laws. Submission of this data is voluntary and refusal will not subject you to any adverse treatment. Although completing this information is voluntary, your cooperation will help us with mandated federal and state reporting, and with future recruiting. As required by the ADA and other applicable laws, this data will be kept confidential in an affirmative action file separate from your application.

Position Applied for: _____ **Date** _____

Date of Birth _____

Check one: Sex **Male** _____ **Female** _____

Check one: Race/Ethnic Group

White: _____ **Black** _____ **Hispanic** _____

**American Indian,
Eskimo, Aleut** _____ **Asian or Pacific Islander** _____ **Other** _____

Check if any of the following are applicable:

Veteran _____ **Veteran with Disability** _____ **Individual with Disability** _____

Please identify the nature of your disability in the space below if you so choose:

For internal use only:

Station 600 _____ **Station 700** _____ **Station 800** _____ **Station 900** _____

Background check complete _____ **References checked** _____

Copy of application sent to the Deputy Chief _____

American Screening, LLC
PO Box 1444
Hebron, CT 06248
P: 888 - 251- 4044 / F: 888 - 254 - 4044
www.americanscreening.com

GENERAL AUTHORIZATION RELEASE

In connection with my application for employment or tenancy, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, drug screening, previous employment, academic records and other experiences. Workers Compensation information will be requested in compliance with the Americans with Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the companies involved and others acting on it's behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or education institution contacted directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information and anytime during my employment with below company.

OK, CA & MN (ONLY) have specific disclosure requirements and we are required to give residents of these states an option to receive a copy of their background check. Check off to indicate if you wish to receive a copy directly from American Screening, LLC: YES () NO () Please supply your Email Address: _____

CT ONLY - By law in the event a Criminal Record is found on you in Connecticut we must notify you. Please supply a confidential email address we can send your notice to. Email Address: _____
Please note: If no email address is listed above then we will mail the report to the current address listed below.

I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a Summary of My Rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

Print Name: _____ / _____ / _____
(last) (first) (middle)

Previous Name(s) _____ Date of name change(s) _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State of LIC: _____

Current Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Previous Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of **years and months** you resided at above: _____

Applicant Signature: _____ Email: _____ Date: _____

Company Requesting Background : _____ Contact : _____

Phone : _____ Fax : _____

Please select: (a SS# verification is automatically processed with every criminal report request at no charge).

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Criminal Records | <input type="checkbox"/> Federal Criminal Records | <input type="checkbox"/> Driving Record | <input type="checkbox"/> Credit Report** |
| <input type="checkbox"/> Employment Verify* | <input type="checkbox"/> Education Verify | <input type="checkbox"/> Professional License Verify | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Civil Records Search | <input type="checkbox"/> Sex Offender Search | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Media Search | <input type="checkbox"/> Homeland Security Search | <input type="checkbox"/> National CrimeBase Supplement | <input type="checkbox"/> Social Trace |

*If you have selected an "Employment Verify" you must supply us with the applicant's permission to contact current employer.

**If you have selected a "Credit Report" you must supply a Special Credit Release which can be found at our website.