

Guilford Volunteer Fire Department Membership Screening Form



Washington Engine Company #1 Eagle Hose Company #2

FC Spencer Hook and Ladder Company #3 North Guilford Company #4

Downtown Rescue Company #5 North Guilford Rescue Company #6

390 Church Street
Guilford, CT 06437
203-453-8056
www.guilfordfire.com

GUILFORD VOLUNTEER FIRE DEPARTMENT

VOLUNTEER FIREFIGHTER



Please read all instructions carefully. Fill out this membership screening form 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.

PERSONAL INFORMATION		
<input type="checkbox"/> Regular Member <input type="checkbox"/> Rescue Squad <input type="checkbox"/> Explorer (Ages 14-21)	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	ARE YOU A GUILFORD RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF RESIDENCE

CONTACT INFORMATION	
WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMPLOYMENT INFORMATION		
CURRENT EMPLOYER		
ADDRESS	CITY	STATE
POSITION	WORK HOURS	

FOR OFFICE USE ONLY
Department Officers Review on: ____ / ____ / ____ 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 INFORMATION

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

EDUCATION – FOR REGULAR AND SQUAD MEMBERS ONLY

ARE YOU A HIGH SCHOOL GRADUATE? [] YES [] 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 – FOR EXPLORER APPLICANTS (Age 14-21) ONLY

CURRENT GRADE IN HIGH SCHOOL 8 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) [] YES [] NO	

Please read before answering the following question: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nullified, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 If Yes, give detailed information and disposition below or attach an additional sheet.

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 THE GUILFORD FIRE DEPARTMENT? YES NO
 IF YES, PLEASE 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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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

REFERENCES / SPONSOR

GUILFORD FIRE DEPARTMENT MEMBER SPONSOR

PLEASE PROVIDE 3 PERSONAL REFERENCES. The Guilford Fire Department will contact each of these references by telephone. These persons should not be relatives or previous employers, 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 Screening Form photocopies of the following:

- Your Driver’s License
- Your Motor Vehicle Insurance Card
- Your Social Security Card
- Any Certification Cards or Certificates
- Any other requested information

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

REASON FOR JOINING

PLEASE INDICATE WHY YOU WISH TO JOIN THE GUILFORD FIRE DEPARTMENT

SIGNATURE

I affirm that the attached Membership Screening Form 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 Explorer applicants (age 14-18) only and is to be filled out by a parent or legal guardian of the applicant

PARENTAL SIGNATURE– FOR EXPLORER MEMBERS (Age 14-18) 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 submitting personal information to the Guilford Fire
Print Name of Applicant
Department Membership Screening Committee. As a result I hereby authorize and voluntarily release the Town of Guilford and/or 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, criminal conviction history check, and driving history check. I release from any liability any and all former educators or personal or other references who supply the Town of Guilford 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 Town of Guilford and/or its agencies.

I have read, understand and agree to the foregoing.

Signature _____ Date _____

Witness _____
Signature Printed

EXPLORER PAGER PROMISE – FOR EXPLORER MEMBERS (Age 14-18) ONLY

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

I have read, understand and agree to the foregoing.

Signature _____
Signature of Explorer

Date _____

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

Date _____

Signature of Parent or Legal Guardian

Date _____

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 Shot: _____
Date of 2nd Shot: _____
Date of 3rd Shot: _____

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

_____ 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

Date _____