

Education (Attach additional sheets as necessary.)

High/Technical School _____ Program _____

Attended From _____ To _____ Did you graduate? ___yes ___no

College _____ Degree: AS BA BS MS
Name (Circle highest)

_____ Major: _____
Address

Attended: From _____ To _____ Did you graduate? ___yes ___no

Current certifications: _____ EMS (MRT, EMT, ETC.) _____ Fire Service (FF1, FF2, ETC.)

Experience:

EMS _____

Fire Service _____

Paramedic _____

Other _____

In case of emergency please notify:

Name _____ Relationship: _____

Telephone number: () _____ - _____

Area code

By signing this application I acknowledge that I have read and understand all of the questions. Further, I attest to the accuracy and completeness of the information provided. I understand that I must complete a _____ month probationary period as outlined in the bylaws of the applicable volunteer fire department. I also understand that in order to maintain my membership as a volunteer firefighter, I must comply with the rules and regulations of the volunteer fire department's bylaws and the standard operating procedures (SOP's) of the Department of Fire and Emergency Services. I agree that as part of this application process, I will be subjected to a preentry drug screening, criminal background check, motor vehicle background check and physical examination to establish my fitness for volunteer duty.

In signing this application, I further authorize said volunteer fire department, the Department of Fire and Emergency Services and/or their agents, the authority to verify any statements made on this application at their discretion and to obtain said verification from any local, state or federal agencies whether public or private when necessary.

Signature _____ Date _____

RELEASE AUTHORIZATION

(TYPE OR PRINT USING BLACK INK)

To all courts, probation departments, selective service boards, physicians, hospitals, employers, educational and other institutions and agencies, without exception.

I, (print) _____, am making application as a Volunteer Firefighter with the Town of Wallingford, Department of Fire and Emergency Services. In conjunction with this application, I understand that an investigation will be conducted to determine my eligibility. Therefore, you are authorized to release to the Town of Wallingford, Department of Fire and Emergency Services, and/or its agents any and all information, documentary or otherwise, pertaining to me that may be requested. I hereby release, discharge, exonerate the Town of Wallingford, Department of Fire and Emergency Services and/or its agents and any person(s) from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Town of Wallingford, Department of Fire and Emergency Services and/or its agents.

A photo static copy of this authorization will be considered as effective and valid as the original.

Applicant Street Address _____
No. Street Town/City State

Date of Birth _____ Social Security No. _____ - _____ - _____

Driver's License No. _____ State _____

Applicant's signature _____ Date _____

Witness' name (please print) _____

Witness' signature _____ Date _____