### ESSEX FIRE ENGINE COMPANY, No. 1

Volunteers Since 1833

11 SAYBROOK ROAD P.O. BOX 786 ESSEX, CONNECTICUT 06426

# STANDARDIZED MEMBERSHIP APPLICATION

#### ESSEX FIRE ENGINE COMPANY, No. 1

Volunteers Since 1833

11 SAYBROOK ROAD P.O. BOX 786 ESSEX, CONNECTICUT 06426

#### Dear Applicant:

Congratulations on your decision to serve your community. Your volunteer work will not be easy. It is time consuming, physically and mentally demanding and at times dangerous. It is however one of the most rewarding experiences you will ever have.

First Step

Please complete the application to the fullest extent possible in a legible manner. The completed application should be submitted in a sealed envelope to:\

Essex Fire Engine Company No. 1 Attention: Membership Committee 11 Saybrook Road Essex, CT. 06426

#### Please Read!!

BY SUBMITTING AN APPLICATOIN, YOU ARE GIVING ESSEX FIRE ENGINE Co. No. 1 PERMISSION TO PERFORM A BACKGROUND INVESTIGATION.

Second Step

Once the membership committee has reviewed the completed application and received a favorable background investigation report you will be scheduled to meet with them for an oral interview.

Third Step

Once you come in for the oral interview the membership committee will make a determination if they are going to recommend you for a 6 month probationary membership. Your membership will be voted on by the general membership at the next monthly meeting.

#### Please Read!!

If for any reason your application is denied or the 6 month probationary membership is not recommended or approved by the membership you will be advised in writing by the membership committee.

Essex Fire Engine Co. No. 1 Membership Committee

### ESSEX FIRE ENGINE COMPANY, No. 1 Volunteers Since 1833

## 11 SAYBROOK ROAD P.O. BOX 786 ESSEX, CONNECTICUT 06426

#### **Standardized Application Form**

Application Completion Date				
Applicant's Social Security Number		Applicant's Date of Birth		
Applicant's Drivers License Number	r	Exp	State	Type
Applicant's Full Name LAST	FIRST		MIDDLE	
Applicant's Current Address				
CITY	STA	.TE	ZIP CODE	Ε
Applicant's Contact Info: (H)	(C)	(Email	)	
Applicant's EMERGENCY Contact	Information			
LAST	FIRST	P	HONE	
Have you ever been a member of an	y fire department or emergency	services in any juris	diction ( ) Y	es ( ) No
If yes, please list where, wh	nen and whether membership is	current		
If yes, List any current certi	ifications			
Have you ever been denied members	ship to any fire department in ar	ny jurisdiction ( ) Y	es ( ) No	
If yes, please list where, wh	nen and why			
Have you ever been convicted of a c	erime ( ) Yes ( ) No			
If yes, list the following				
Туре	Date	Disposition (ou	tcome)	
GENERAL EDUCATION				
High School Attended	I	Did you graduate?		GED
College Attended	1	Did you graduate?	N	lajor
Technical School Attended	I	Oid you graduate?	N	Iajor

Additional Comments Applicant Wishes to Add:		

FIRE SERVICE/EMS EDUCATION OR CERTIFICATION: If you have taken fire service education programs please list and attach copies of certificates to this application. List only courses for which you have certificates of completion. NO EXPERIENCE IS NECESSARY BUT IS HELPFUL!

Course/Program		Date Completed	
Course/Program		Date Completed	
Course/Program		Date Completed	
Course/Program		Date Completed	
EMPLOYMENT HISTORY (List of	current employer fir	st, then previous employers)	
Employer		Position Held	
Employment Date FROM		TO	
Employer		Position Held	
Employment Date FROM		TO	
Employer		Position Held	
Employment Date FROM		TO	
REFERENCES Please list three ref	ferences for verificat	ion which are not related to you.	
Name	Member of any fire department?		
Relationship			
Address			
Telephone Daytime	Evening		
Name		Member of any fire department?	
Relationship			
Address			
Telephone Daytime	Evening		
Name		Member of any fire department?	
Relationship			
Address			
Telephone Daytime	Evening		

APPLICANT SIGNATURE: By signing this application, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Essex Fire Engine Co. No. 1 to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. Additionally, by signing below, I authorize Essex Fire Engine Co. No. 1 and/or its agents to perform a criminal background check and driving record check. It is my clear understanding that this application may or may not result in membership in the Essex Fire Engine Co. No. 1 and that the presence of criminal history or child welfare violations, and/or any false information included in the application, may preclude further processing of this application for membership and your application for membership may be denied.

Applicant's Printed Name	Applicant's Signature	Date
ANYONE UNDER THE AGE OF 1 PERMISSION FOR MEMBERSHI		GUARDIAN'S
To be filled out by parent or guardi	an of applicant who is under the ag	ge of 18 years
Parent's Printed Name	_ attest to the fact that I am the pa	rent / guardian of

Essex Fire Engine Co. No. 1. I also attest to the truth of this application and understand the requirements of and dangers associated with membership.

BY CHECKING THE "ACCEPT" BOX BELOW, I confirm that all of the information contained herein is true and correct to the best of my knowledge and that no intentional omission of requested information has occurred. Furthermore, I indicate by my signature below, that I grant permission for representatives of the Essex Fire Engine Co. No. 1 to contact individuals, employers, educational and any other entities which become known through this verification process for the purpose of background verification. It is my clear understanding that this application may or may not result in membership in the Essex Fire Engine Co. No. 1 and that the presence of criminal history or child welfare violations, and/or any false information included in the application, may preclude further processing of this application for membership and your application for membership may be denied.

ACCEPT [ ]

### APPLICATION PROCESSING CHECKLIST INTERNAL USE ONLY – DO NOT WRITE IN THIS SPACE

DATE OF RECEIPT OF APPLICATION				
PERSON RECEIVING API	PLICATION			
( ) ORIGINAL CRIMINAL H	ISTORY REPORT R	REVIEWED AND COPIES ATTACHED		
( ) ORIGINAL CHILD WELF	FARE HISTORY REI	PORT REVIEWED AND COPIES ATTACHED		
( ) REFERENCE CHECK CO	MPLETED DATE _	BY		
INTERVIEW DATE	BY			
INTERVIEW COMMENTS _				
( ) CANDIDATE IS NOT RE	COMMENDED FOR	A MEMBERSHIP		
	MENDED BY MEM	BERSHIP COMMITTEE FOR 6 MONTH		
DATEBY				
GENERAL MEMBERSHIP V	OTE RESULTS FOR	R 6 MONTH PROBATIONARY MEMBERSHIP		
( ) YES ( ) NO	DATE	BY		
MEMBERSHIP TYPE				
( ) JUNIOR	DATE	BY		
( ) PROBATIONARY	DATE	BY		
( ) FULL ACTIVE	DATE	BY		
( ) EXTERIOR / MEDICAL	DATE	BY		
( ) SUPPORT	DATE	BY		