



South Meriden Volunteer Fire Department, Inc.

31 Camp St, PO Box 3030, South Meriden, CT 06451

**WE TEST AND MAINTAIN A DRUG FREE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

(PLEASE PRINT)

NAME: _____ AGE AT (Last Birthday): _____

Optional

ADDRESS: _____ HOME TEL _____ CELL: _____

YEARS AT PRESENT ADDRESS: _____ YEARS SOUTH MERIDEN RESIDENT: _____

PREVIOUS ADDRESS: _____ STATE: _____ ZIP: _____

YEARS AT PREVIOUS ADDRESS: _____ DATE OF BIRTH: ____/____/____

Optional

SOCIAL SECURITY NO.: _____ - _____ - _____ BLOOD (TYPE IF KNOWN): _____

VALID CONNECTICUT DRIVER'S LICENSE #: _____ EXP DATE: ____/____/____ LICENSE CLASS: _____

NEXT OF KIN: _____ RELATIONSHIP: _____ TELEPHONE: _____ CELL _____

DO YOU HAVE A CAR THAT YOU WILL BE ABLE TO RESPOND TO DUTY ASSIGNMENTS: _____

EMPLOYMENT HISTORY

**BEGIN WITH PRESENT OR MOST RECENT EMPLOYMENT AND WORK BACKWARDS FOR THE PAST 10 YEARS.
IF ADDITIONAL SPACE IS REQUIRED, ATTACH AN ADDITIONAL SHEET USING THE SAME FORMAT.**

Dates	Name of Employer	Address/City	Type of Business	Title & Duties	Shift & Hrs

EDUCATION

**PLEASE LIST ALL SCHOOLS ATTENDED (INC. HIGH SCHOOL, COLLEGE & TRADE SCHOOLS. IF
ADDITIONAL SPACE IS REQUIRED, ATTACH AN ADDITIONAL SHEET USING THE SAME FORMAT.**

Proof of HS Graduation or GED will be required

Date	Name of School	City & State	Major Subject	Grad Y/N

PAST EXPERIENCE IN FIREFIGHTING OR EMERGENCY MEDICAL SERVICE

PLEASE LIST YOUR PRESENT OR PAST ORGANIZATIONS WITH A CONTACT PERSON ALONG WITH ANY CERTIFICATIONS YOU MIGHT HAVE.

Name of Group	Dates of Involvement	Telephone	Contact	Certifications

REFERENCES

GIVE THREE PERSONS THAT HAVE KNOWN YOU FOR AT LEAST [5] YEARS, THAT ARE NOT RELATIVES.

Name	Address	Telephone	Years Known	Occupation

ADDITIONAL INFORMATION

LIST OTHER ORGANIZATIONS YOU HOLD MEMBERSHIP IN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE and/or AN OFFENSE AGAINST MILITARY LAW OR ARE THERE ANY CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU? YES [] NO []
IF YES EXPLAIN:

REASON WANTING TO JOIN FIRE COMPANY: _____

DATE OF LAST PHYSICAL EXAM: _____ PHYSICAL LIMITATIONS: _____

HAVE YOU TESTED FOR OR ARE YOU ON AN EMPLOYMENT LIST FOR CAREER FIRE FIGHTERS POSITION?
YES [] NO [] IF YES EXPLAIN: _____

TYPE OF MEMBERSHIP APPLYING FOR: ACTIVE F/F [] ASSOCIATE []

I do hereby swear that the information on this application to be true to the best of my knowledge and, therefore, do wish to attain membership in the South Meriden Volunteer Fire Department. I agree if accepted when there is an opening after passing all stages of the application process to attend Meetings & Department functions if an Associate Member, and if I am accepted as an Active Firefighter to meet all Quotas for Calls, Drills, General Meetings, Duty Squad obligations and to conform to all Standard Operating Procedures (SOP), Standard Operating Guidelines (SOG), Station Rules, State & Federal Regulations and Guidelines and SMVFD department By-Laws. Any False information given on this application will be grounds for termination of the application process and or termination of membership in SMVFD if I have already been accepted in SMVFD immediately.

By signing below I give the SMVFD, the City of Meriden and its agent's permission to do a full police background check / screening on me. I also understand that this information will be used for the purpose to verify the information on this application for membership. I give permission to all State, Federal, local Police agencies, past and present employers and references to release all information about any or all records and information that they have or know about myself. I will hold harmless the SMVFD, City of Meriden and all agencies, past and present employers and references for the release of this information.

APPLICANT'S SIGNATURE: _____ APPLICATION DATE: _____

Written Exam Date & Score: ___/___/___ %

Background & Reference Check Clearance Date: ___/___/___ Agility Test Date & Disposition: ___/___/___ Pass [] Fail []

Oral Interview Date & Score: ___/___/___ % Physical Examination Date & Disposition: ___/___/___ Pass [] Fail []

Acceptance or Denial Company Date: ___/___/___ Acceptance [] Denial []