

# Hartford Volunteer Fire Department

## Membership Application

**Incomplete or non-legible applications will not be accepted**

### **Basic Information**

First:		MI:	Last:	
Address:		City:	State:	Zip:
Mailing Address:			Email:	
Sex:	Marital Status:	Age:	DOB:	
Home Phone:		Cell Phone:		
Height:	Weight:	Eye Color:	Hair Color:	
Spouse (Significant Other):				
Home Phone:		Cell Phone:		
Type of drivers license:		DL #:		
SSN:		Are you a legal US Citizen?		

### **Emergency Information**

First:		MI:	Last:	
Address:		City:	State:	Zip:
Home Phone:		Cell Phone:		

### **Employment History**

Current Employer:		Phone:		
Address:		City:	State:	Zip:
Type of Work:	Supervisor:	Length of Emp:		
Can we contact your supervisor?				
Past Employment:		Phone:		
Address:		City:	State:	Zip:
Type of Work:	Supervisor:	Length of Emp:		
Can we contact your supervisor?				
Past Employment:		Phone:		
Address:		City:	State:	Zip:
Type of Work:	Supervisor:	Length of Emp:		
Can we contact your supervisor?				
Have you ever been discharged or asked to resign from any job? If yes explain:				

### **Questionnaire**

Have you ever served in the Armed Forces?	Type of discharge:
Are you currently serving in the U.S. Reserves or National Guard:	
Do you have a High School Diploma or equivalent?	Type:
List highest level of education obtained (include any vocational or trades):	
List any previous Fire, EMS, Rescue organizations with dates:	
List any special licenses or certifications you currently hold:	
List any phobias or fears that you have:	
List any organizations you are a member of:	
List any hobbies or activities you have:	
Have you ever had your drivers license revoked or suspended? If yes explain:	

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Have you ever had SR-22 insurance or been denied auto insurance? If yes explain:

Have you ever been convicted of a crime, including driving fines over \$200. If yes explain:

Do you have any physical handicap, chronic illness or disabilities? If yes explain:

Have you ever been examined or treated for a mental disorder? If yes explain:

Do you, or have you used and habit forming drugs? If yes explain:

Have you ever been denied health insurance? If yes explain:

What are your intentions with the HVFD? Fire, EMS, Other. Please explain:

List three character references, they cannot be family or current employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to take a voluntary polygraph test in regard to HVFD activities? Yes

Do you understand that you are required to hold a Healthcare CPR card at all times? Yes

Do you understand that you must have a high school diploma or GED equivalent? Yes

Do you understand that by signing this application I am subject to a criminal background check?

Do you understand that you will be required to obtain FFI within time set by the Chief and complete any other requirements appointed by the Chief before your probation is lifted? Yes

I have thoroughly read and understand the attached membership requirements of the HVFD and agree to the best of my ability to uphold them in my duties. I furthermore understand that if elected, I will serve as a probationary member for the amount of time appointed. Through my signature on this application, I hereby give full consent for release of any information pertaining to employment, driving records, criminal activities from any individual(s) in regard to my character.

This release is given freely of my own will and not under and duress. Initials: \_\_\_\_\_

By signing this you are under the understanding that you are subject to a criminal and civil background check, workmans compensation and liability background check,

and are required to have a medical physical and fit test prior to my appointment as a probationary member.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received: \_\_\_\_\_ Rec. By: \_\_\_\_\_