



TAFTVILLE FIRE DEPARTMENT

134 Providence Street Taftville, CT. 06380

EST. 1915

Office of the Chief

To Prospective Candidate:

Thank you for your interest in the Taftville Volunteer Fire Department.

Attached is an application for membership to the company. We ask that you please fill out the application **COMPLETELY**. We will not act upon your application until it is fully completed.

Once the application is complete, it will be brought before the officers of the department for admission. You will be notified by phone of the outcome of your application.

Before you have been accepted as a member you will be **REQUIRED** to undergo a physical examination through ConnCare of Norwich (at the department's expense). Any individual applying for membership with the Taftville Volunteer Fire Department **MUST** be physically fit to work as a Firefighter and/or EMT. A successful physical **WILL** be required. Any candidate applying for the cadet program must have a parent or guardian also sign this application.

Thank you again for your interest in the Taftville Volunteer Fire Department.



Taftville Volunteer Fire Department

134 Providence Street Taftville, Connecticut 06380

Application for Membership

PERSONAL INFORMATION							
Last Name:		First Name:		Middle I:	Suffix: (Jr., Sr., III. Etc)		
Current Address:			Apartment #:	City:	State:	Zip Code:	
Current Age:	Date of Birth:	Home Phone:	Work Phone:	Cell Phone:	Pager Number:		
E-Mail Address:				Social Security Number:			
Drivers License Number:		State:	License Expiration Date:	License Class:			
Have you ever been convicted of a felony? If yes please explain:							

EMPLOYER INFORMATION	
Occupation:	Employer's Name:
Employer's Address:	Hours Worked:

EXPERIENCE		
Previous Fire / EMS Experience:	If Yes, How Long:	Rank / Position Held:
Name of Department:	Chief's / Supervisor's Name:	Phone Number:
Please list certifications: [Attach Copies of all Certifications]		

EMERGENCY CONTACT INFORMATION			
Last Name:		First Name:	Relationship:
Address, City, State, Zip:			
Home Phone:	Cell Phone:	Work Phone:	Pager Number:

REFERENCES		
List a minimum of 3 references. [List any Taftville Fire Department member first]		
Name	Address	Phone Number

DISCLAIMER CERTIFICATE

I, (please print) _____ being of legal age and residing at _____ do hereby authorize the Chief of Department and/or membership committee of the Taftville Volunteer Fire Department to view and receive copies of any and all records of convictions of any crimes, and I do hereby authorize any police department to release and furnish such information to the Chief of Department and/or membership committee of the Taftville Volunteer Fire Department. I understand if appointed as a member of the Taftville Volunteer Fire Department, I will be required to undergo physical examinations as deemed necessary for all members. I also do agree to release to the Chief of Department and/or membership committee the results of these physical examinations.

Signed _____ Date: _____

Signed _____ Date: _____

Parent or guardian signature required if under 18 years of age.

FOR TAFTVILLE FIRE DEPARTMENT USE ONLY		
Date application received:	Called for interview:	Date of Officers Meeting when application was voted on:
Date application read at meeting:	Approved as probationary member:	Approved as regular member: