

**APPLICATION FOR MEMBERSHIP
AS A VOLUNTEER FIREFIGHTER WITH
THE TOWN OF WATERFORD FIRE DEPARTMENT**

**APPLY TO:
TOWN OF WATERFORD
FIRE DEPARTMENT
204 Boston Post Road
Public Safety Building
Waterford, CT 06385**

OFFICE USE ONLY	
REC	_____
DRV	_____
PHY	_____
PRTS	_____

The Town of Waterford Fire Department is dedicated to a policy of nondiscrimination in employment and volunteer membership on any basis prohibited by law. Volunteer membership in the Town of Waterford Fire Department is available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS	CITY/TOWN	STATE/ZIP	HOW LONG?
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (CELL)	
E-MAIL ADDRESS			

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes____ No____

If your authorization to work in the United States is subject to expiration, when will it expire? _____

If membership is offered, can you produce documentation required by law to establish work authorization and identity? Yes____ No____

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? Yes____ No____

GENERAL INFORMATION

Are there any days or times you would be unavailable to participate as a volunteer firefighter? _____

On what date would you be available to start? _____

Are you related by blood or marriage to any employee or elected official of the Town of Waterford? Yes____ No____
If yes, please name: _____

Have you ever applied to, or worked for the Town of Waterford before? _____ Yes____ No____ If
yes, under what name, dates of employment and department? _____

Current employer: _____

Employer Address: _____ Phone: _____

Position: _____ Length of Service: _____

Have you ever been denied membership to an Emergency Service, either paid or volunteer? Yes____ No____

If yes, explain: _____

EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High		6 7 8	
High School		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business			

High School Equivalency Diploma (GED)? Date _____ School _____

Course of Study in Post-Secondary Education: _____

Have you previously been a member of a fire department? Yes _____ No _____ If yes, complete the following:

Name of Department: _____ Address: _____

Name of Chief: _____ Telephone: _____

Position: _____ Reason for Leaving: _____

List all certifications (including First Aid, CPR, EMT with expiration dates), trainings, licenses, special skills, courses of study or any additional information that you feel may be helpful to us in considering your application. Use additional pages if necessary.

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1. _____

Name
Address
Phone
Relationship
2. _____

Name
Address
Phone
Relationship
3. _____

Name
Address
Phone
Relationship

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name
Address
Phone
Relationship

CRIMINAL BACKGROUND

NOTE: THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF MEMBERSHIP) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT.

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to, a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes _____ No _____

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been “erased.” The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the firefighting duties in question and in light of the requirements of state and federal law.

Applicant's Signature: _____ Date: _____

NOTICE TO APPLICANTS REGARDING PRE-MEMBERSHIP DRUG TESTING

Any individual applying for volunteer membership with the Town of Waterford Fire Department (the "Town") shall submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of membership. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for membership with the Town of Waterford Fire Department, you will comply in full with the Town's drug testing policy.

Applicant Signature

Date

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, the Town of Waterford may conduct a background check. If you are accepted for membership with the Town of Waterford Fire Department, the Town may also conduct a background check in deciding whether to continue your membership and when making other membership-related decisions directly affecting you. As part of the background check, the Town may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Town obtains a "consumer report" about you, and considers any information in the "consumer report" when making a membership-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes the Town to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your membership. To perform the background check, please provide the following information:

Social Security # _____ - _____ - _____

Driver's License # _____ State: _____

Print Name: _____

Any Other Names by Which You Have Been Known? _____

Date: _____ Signature: _____

PRIVATE AT-WILL MEMBERSHIP DISCLAIMER AT-WILL EMPLOYMENT DISCLAIMER PRIVATE APPLICANT'S AGREEMENT AND CERTIFICATION APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Waterford.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. Further, in consideration of my membership as a volunteer firefighter with the Town of Waterford, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that my membership can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my membership may result in the withdrawal of a membership offer or termination of membership, whenever the omission or falsehood is discovered.

I understand that acceptance for membership shall depend on satisfactory replies from my references and other background checks. In the event I receive an offer of membership, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence working as a volunteer firefighter.

I have read, understood and agree to the foregoing.

Signature of Applicant

Date

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for membership as a volunteer firefighter with the Town of Waterford. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a decision. I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my membership as a volunteer firefighter with the Town of Waterford.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Town, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Print Name: _____

Print Former Name(s): _____

Date: _____

MOTOR VEHICLE CHECK

By signing below, I do hereby give my permission and authorization for the Town of Waterford to obtain a copy of my Motor Vehicle Record. The information obtained will be used for company insurance, safety, loss control, job qualification, and/or compliance purposes. If hired, or if currently employed, this release and authorization shall remain in effect during the term of my employment. The Town of Waterford reserves the right to run subsequent Motor Vehicle Reports on an as needed basis.

Signature

Date

Full Name

Date of Birth

Driver's License Number

State of Issue

Current Resident Address



Town of Waterford Fire Department
Disclosure for Consumer Report

The Town of Waterford Fire Department (Department) may obtain information about you from a third-party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, public court records, Social Security Verification and address history, motor vehicle records "driving records", drug/alcohol test results, verification of your education, or employment history, or other background checks, subject to limitations imposed by applicable federal and state law.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Foley Carrier Services LLC (Agency), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville NY 11747, telephone number (631)-557-0100, www.foleyservices.com

I have read and understand the FCRA Disclosure for Consumer Report

Town of Waterford Fire Department
Disclosure for Investigative Report

The Town of Waterford Fire Department (Department) may request an investigative consumer report about you from a third-party consumer reporting agency in connection to your employment or application for employment purposes (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California where that term includes background reports with or without personal interviews). The most common form of an Investigative Consumer Report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, and/or mode of living. You may request more information about the scope and nature of an investigative consumer report, if any, by contacting the company. These searches will be conducted by Foley Carrier Services LLC (Agency), 2 Huntington Quadrangle, South Building, Second Floor, Suite 2S04, Melville NY 11747, telephone number (631)-557-0100, www.foleyservices.com

Name:

Sign:

SSN:

Email:

Phone:

You hereby agree to receive and respond electronically to all communications for those products and services offered or accessible through Foley Carrier Services' website that are not otherwise governed by the terms and conditions of an electronic disclosure and consent.

1. Definitions

The Words "we," "us" and "our" refer to the entity that will be performing the background check, and the words "you" and "your" mean you, the subject of the background check. "Communication" means any disclosures, notices, outcomes, determinations, disputes, correspondence, or results of reinvestigation, amended consumer reports, and all other information related to your background check, including but not limited to information that we and/or your prospective employer are required by law to provide to you in writing.

2. Electronic Delivery of Disclosures and Notices

You hereby consent to receive any Communications and all changes to such communications electronically at the following email address: _____

You must provide at your own expense, an internet-connected device that is compatible with the minimum requirements outlined below. You must also confirm that your device will meet these specifications and requirements and will permit you to access and retain the communications electronically each time you access and use the applicable services. Please select print and select your printer to retain a copy. If you do not have a printer, you can copy the text of these terms and Paste the text into a new document in a word processor or text editor on your computer and save the text.

3. Paper Delivery of Disclosures and Notices

You have the right to receive a paper copy of the Communications and any changes. To receive a paper, please request it in one of the following ways: call us at (877) 702-6761 or write with your name and address to Foley Carrier Services, LLC 2 Huntington Quadrangle, South Building, Second Floor, 2S04, Melville, NY 11747. We may charge you a reasonable service charge to mail you a paper copy of any Communication, as allowed by law. We will either include such service charge on our fee schedule, or, if we do not, before we send you the paper copy, we will first inform you of the service charge and provide you with a choice as to whether you still want us to send you a paper copy. Please be sure to state that you are requesting a copy of the Communications referenced above.

4. System Requirements to Access Information

To receive and view an electronic copy of the Communications, you must have the following equipment and software;

- A personal computer or other device that is capable of accessing the internet. Your access to this page confirms that your system meets these requirements.
- An internet web browser that is capable of supporting 128-bit SSL-encrypted communications, JavaScript, and cookies. Your system or device must have 128-bit SSL encryption software. Your access to this page confirms that your browser and encryption software/device meet these requirements.

5. System Requirements to Retain Information

To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of a printing service or software such as Adobe Acrobat. If you have a word processor or text editor program on your computer, then you can also copy the text of this Disclosure, and the underlying agreements and paste the text into a new document in the word processor or text editor and save the text.

6. Withdrawal of Electronic Acceptance of Disclosures and Notices

You can also contact us in any of the ways described in the paragraph entitled "Paper Delivery of Disclosures and Notices" to withdraw your consent to receive any future communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of Foley Carrier Services website and the services provided through the Foley Carrier Services website.

7. Termination/Changes

We reserve the right, in our sole discretion, to discontinue the provision of your Electronic Communications, or to terminate or change the terms and conditions on which we provide electronic communications. We will provide you with notice of any such termination or change as required by law.

I have Read, Understand, and Agree to Receive Notifications Electronically.

Print Name:

Signature:

Date: