



COLCHESTER FIRE & EMS VOLUNTEER APPLICATION

THE TOWN OF COLCHESTER WILL NOT, EXCEPT IN THE CASE OF A BONA FIDE QUALIFICATION OR NEED, OR EXCEPT AS OTHERWISE

PERMITTED OR REQUIRED BY LAW, DISCRIMINATE ON THE BASIS OF RACE, COLOR RELIGIOUS CREED, AGE, SEX, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL ORIGIN, ANCESTRY, PAST OF PRESENT HISTORY OF MENTAL DISORDER, MENTAL RETARDATION, LEARNING DISABILITY OR PHYSICAL DISABILITY.

PERSONAL INFORMATION			DATE:				
NAME: (Last, First, Middle)							
STREET ADDRESS:							
TOWN:			STATE:				
PHONE NO:		E-MAIL:					
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
COLCHESTER FIRE & EMS - DIVISION DESIRED			VOLUNTEER EXPERIENCE:				
Fire Division							
EMS Division							
Fire Police Division							
EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUTATE?	SUBJECTS STUDIED			
GRAMMAR SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL							
GENERAL							
Have you previously been a member of a fire department? Yes No If yes, complete the following:							
Name of Department:			Address:				
Please indicate certifications / licenses held:							
	FF I	FF II	FSI I	FSI II	FO I	FO II	HM OPS
EMR	EMT	Paramedic	EMS License / Certification Number:				
U.S. MILITARY OR NAVAL SERVICE:			RANK:				

(CONTINUED ON OTHER SIDE)

CURRENT AND FORMER EMPLOYERS (LIST BELOW, STARTING WITH CURRENT EMPLOYER FIRST.)

DATE (Month & Year) FROM / TO	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
/				
/				
/				
/				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTANCED
1.			
2.			
3.			

HOW DID YOU HEAR ABOUT THIS POSITION?

Check all that apply:

Website	
Newspaper	
Other (please list)	

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF ACCEPTED AS A VOLUNTEER, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY:	DATE:
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REMARKS:

PLACED ON PROBATION: YES NO	DATE:
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BACKGROUND CHECK CLEARANCE FORM	DRUG TESTING FORM WITH APPROVAL LETTER
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PHYSICAL FITNESS CLEARANCE PACKET	RECRUITMENT ORIENTATION WELCOME PACKET
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DIVISION SPECIFIC PROBATIONARY TASKBOOK
