



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