

THE TOLLAND FIRE DEPARTMENT, INC.
APPLICATION FOR MEMBERSHIP (PART #1)

The Tolland Fire Department, Inc. (the "Department") is an equal opportunity organization, dedicated to a policy of nondiscrimination in membership on any basis prohibited by law. The Department considers volunteers for any positions without regard to race, color, religion, gender, national origin/ancestry, age, disability, marital status, military/veteran status, sexual orientation, gender identity/expression, genetic information or any other legally protected status. The Department will provide equal opportunity to its volunteers in compliance with all applicable laws.

GENERAL INFORMATION

Last Name	First Name	Middle		
Address: Number	Street	City	State	Zip Code
Telephone Number(s): Home		Work	Mobile	
Email Address: (Please Print Clearly)				

Number of years/months you have resided at your current address: _____

If less than five years, list previous address: _____

Please select area(s) of activity desired: EMS FIRE FIRE POLICE AUXILIARY Other: _____

When are you available to volunteer? Weekdays Weeknights Weekends

Were you referred/recruited and/or have a relative in the Department? Yes No

If yes, by whom? If not, how did you come to apply for membership? _____

Have you ever applied to The Tolland Fire Department, Inc. before or been a former or current employee/member of another fire department? Yes No

If yes, list length of employment/membership, name and address of other department(s), position(s) held, and (if applicable) any former name(s) under which you served. _____

Describe any job-related training and/or military training and/or apprenticeships that you have received or extra-curricular activities in which you have engaged that you think may be helpful to us in considering your application for membership. If you need more space, please continue on a separate sheet. _____

EMPLOYMENT HISTORY / EXPERIENCE

Starting with your **most recent employment**, provide your employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. You must complete this section even if you provide a resume. Please be aware that your current and previous employers may be contacted.

Employer _____ Length of Employment _____
Address _____ Telephone Number(s) _____
Job Title _____
Duties & Accomplishments _____

Supervisor (Name and Title) _____
Reason for leaving _____

Employer _____ Length of Employment _____
Address _____ Telephone _____
Number(s) _____ Job Title _____
Duties & Accomplishments _____

Supervisor (Name and Title) _____
Reason for leaving _____

Have you ever been dismissed, involuntarily terminated or terminated by mutual agreement Yes / No
by an employer, private entity and/or a volunteer organization?

Have you ever been asked/forced to resign or given a choice to resign rather than face termination? Yes / No

If yes to either question, please explain (continue on separate sheet if necessary):

PROFESSIONAL REFERENCES

Please provide names of three professional references, not related to you, whom you have known at least one year.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>E-MAIL ADDRESS</u>	<u>PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT’S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge and belief. I understand that the use of this application form does not indicate that there are any membership opportunities and/or volunteer positions open and does not in any way obligate The Tolland Fire Department, Inc. (“Department”) to select me for membership.

In the event I become a member and in consideration of my selection, I agree to conform to the policies and procedures of the Department, as they may from time to time be implemented or revised, and further agree that my membership and any terms or conditions of my membership are “at-will” and can be terminated with or without cause at any time for any lawful reason at the option of either the Department or myself. 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 Department that in any way would limit the Department’s right not to select me and/or to end my membership at will. I understand that no supervisory, management or any other employee or member of the Department has any authority to make a commitment of guaranteed or continuing membership to me, and no document or publication of the Department or conduct of anyone at the Department should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resume, and interview or during the course of my membership may result in withdrawal of any offer of membership or the termination of my membership, whenever the omission or falsehood is discovered. I understand that acceptance for membership shall depend on satisfactory replies from my references and any other required background checks or testing.

I have read, understood and agree to the above Applicant’s Agreement and Certification.

Signature of Applicant

Name (Print)

Date

NOTICE TO APPLICANTS REGARDING
PRE-MEMBERSHIP DRUG TESTING

Any individual applying for Membership with The Tolland Fire Department, Inc. shall submit to a urinalysis drug test as a mandatory part of the membership application process.

This notice serves as a written statement of The Tolland Fire Department, Incorporated'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 Tolland Fire Department, Inc., 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 Tolland Fire Department, Inc. and shall not be disclosed to the membership of the Department, 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-membership drug testing, shall be grounds for denial of membership.

Arrangements for testing will be made by a representative of The Tolland Fire Department, Inc., in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you 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 Tolland Fire Department, Inc. you will comply in full with The Tolland Fire Department, Incorporated's drug testing policy.

I have read, understood and agree to the Department policy relating to Pre-Membership Drug Testing.

Applicant's Signature

Name (Print)

Date

MOTOR VEHICLE INFORMATION

List registered and insured vehicle(s) you will regularly use when responding on behalf of the Department.

VEHICLE #1

REGISTERED OWNER'S NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

INSURANCE COMPANY'S NAME _____ POLICY #: _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

VIN# _____ MARKER# _____ STATE _____

VEHICLE #2

REGISTERED OWNER'S NAME AND ADDRESS:

NAME: _____

ADDRESS: _____

INSURANCE COMPANY'S NAME _____ POLICY #: _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

VIN# _____ MARKER# _____ STATE _____

BLUE LIGHT PERMITS WILL BE ISSUED ACCORDING TO THE STANDARD OPERATING GUIDELINES

I understand that I may not drive any unregistered or uninsured motor vehicle when responding or otherwise representing The Tolland Fire Department, Inc.

Applicant's Signature

Name (Print)

Date

IN CASE OF EMERGENCY FACT SHEET

1ST EMERGENCY CONTACT:

NAME: _____
ADDRESS: _____
ADDRESS: _____
RELATIONSHIP: _____
PHONE-HOME: _____
PHONE-WORK: _____
PHONE-CELL: _____

2nd EMERGENCY CONTACT:

NAME: _____
ADDRESS: _____
ADDRESS: _____
RELATIONSHIP: _____
PHONE-HOME: _____
PHONE-WORK: _____
PHONE-CELL: _____

VOLUNTARY - EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Government agencies require periodic reports on the gender and race/ethnicity status of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. It is confidential and will be kept separate from your application. Those making the hiring decision will not use it.

You are not required to provide this information, but your cooperation in completing this form is appreciated.

POSITION APPLIED FOR: _____

GENDER:

- Female
- Male

RACE/ETHNIC GROUP (see definitions below)

(CHECK ONE):

- Asian
- Black or African American
- Hispanic or Latino
- Native American of Alaska Native
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races

DEFINITIONS:

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.