



APPLICATION-ALL DIVISIONS

FIRE ___ EMS ___ CADET(14-17) ___ FIRE POLICE ___ SPECIAL ASSOCIATE (Limited) ___

Name _____

Address _____

Date of Birth (Optional) _____

Home Phone _____ Cell Phone _____

EMPLOYMENT

Current Employer _____

Address _____

Position _____ Length of Employment _____

Supervisor _____ Phone _____

May we contact your current employer? _____

Previous Employer _____

Address _____ Phone _____

May we contact? _____

Any previous fire or EMS experience? _____

Certifications _____

Somers Fire Department

Fire ★ Rescue ★ EMS

400 Main St., Somers, CT 06071 • Phone (860) 749-7626 • Fax (860) 763-8233

E-mail: Somersfire@hotmail.com • Web: www.SomersNow.com

EDUCATION

Grammar School _____

High School _____

College _____

PERSONAL REFERENCES (must be completed-no family members)

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

I _____ acknowledge that the information submitted is accurate. If any of the above information is found to be false, this application will become void. *I understand that with the submission of this application I must pass a pre-employment **drug and alcohol test and job specific physical** prior to acceptance to probationary membership. Acceptance as a probationary member will be conditional based on a favorable **criminal and motor vehicle background checks** conducted by the Town of Somers and the Connecticut State Police.*

Applicants Signature _____ Date _____

If this application is for a Cadet, a parent or legal guardian must sign.

For SFD use only

Date submitted _____

Date of Interview _____

Date of pre membership drill _____

Date of pre membership meeting _____

Interview committee _____
