



MEMBERSHIP APPLICATION – FIRE/EMS DEPARTMENT

Position: Firefighter ___ EMS ___ Fire Police ___ Fire Photographer ___ Squad II ___ (Check all that apply)

Name: _____ Address: _____

Date of Birth: _____

E-Mail: _____ Home phone: _____ Cell: _____

Current Employment: _____

Employer Address: _____ Phone: _____

Length of Service (Yrs/months) _____

Have you ever been denied membership to an Emergency Service, either paid or volunteer? Yes ___ No ___

If yes, explain: _____

Previous Fire/Rescue Training Yes/No If yes, where? _____

Previous First Aid Training Yes/No If yes, where? _____

Please give a brief statement as to why you would like to be a member of this organization:

List three personal references, other than family members

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

I _____ acknowledge that the information submitted above 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 a job specific physical prior to acceptance to probationary membership. Acceptance as a probationary member will be conditional based on favorable criminal and motor vehicle background checks conducted by the Town of Somers and the Connecticut State Police.***

If this application is for a Squad II membership, a parent or legal guardian signature is required: _____

Applicant's Signature _____ Date: _____

SOMERS FIRE DEPARTMENT

FIRE ★ RESCUE ★ EMS

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