



## APPLICATION FOR MEMBERSHIP ~ SOUTH WINDHAM FIRE DEPARTMENT ~



The South Windham Fire Department thanks you for your interest in becoming a member.

Our primary purpose is to protect the life and property in South Windham and our neighboring mutual aid districts. The fire service requires knowledge in several areas including fire suppression; emergency medical services, hazardous materials and public information, just to name a few. Members must be willing to donate many hours to emergency incidents and training.

As a member you will be required to complete specific training evolutions, attend required training sessions held monthly, as well as department meetings. You will be offered the opportunity to pursue formal training outside of the department at various locations as well.

Please return the attached paperwork filled out completely along with the \$5.00, non-refundable fee. A police background check is required, positive background checks may result in being disqualified for membership.

### **Application Process:**

You can either send in the application by mail or hand it in personally. In either case it must be signed (including parent or guardian if under 18), and be accompanied by the appropriate application fee. You will then be asked to come in for an interview by the Examining Committee. Your application will then take its "Normal Course".

### **Normal Course:**

Once the interview is complete, A background check for criminal and motor vehicle history will be performed by the Connecticut State Police, any and all findings will be reported to the Examining Committee. Depending on the findings, you may be asked to explain any questionable findings. The committee will then bring their findings to the membership and make a recommendation on whether or not to accept you as a probationary member. The membership then takes a vote to either accept you as a probationary member or to deny membership. You will be notified of the result in either case.

Thank you again for your interest in becoming a member of the South Windham Fire Department

**APPLICATION FOR MEMBERSHIP**  
**~ SOUTH WINDHAM FIRE DEPARTMENT ~**

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Today's Date \_\_\_\_\_ Position you are applying for: \_\_\_\_\_  
(Firefighter, EMT/MRT, Fire Police)

GENERAL INSTRUCTIONS: Please respond to every question on the application form, but do not include extraneous or non-responsive information. If a question does not apply to you, please write "N/A" in the space provided. If you need additional space to reply to a question, please attach a separate piece of paper, preceding each answer with the question you are answering.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

If there are any other name(s) by which the you have been known which the South Windham Fire Department should be aware of in order to verify your background, please provide such name(s) below.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If different from street address.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Required for Background Check) (Required for Background Check)

Drivers License Number: \_\_\_\_\_ Class/Type: \_\_\_\_\_ State: \_\_\_\_\_

Have you applied to become a member previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a past member of the South Windham Fire Department? \_\_\_\_\_ Yes \_\_\_\_\_ No

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## EDUCATIONAL BACKGROUND

Secondary Education: List all high schools you attended.

Name	City	State	Did you graduate?	If no, circle last year successfully completed.			
				1	2	3	4
				1	2	3	4
				1	2	3	4
				1	2	3	4

Higher Education: List all schools that you attended since high school.

Name	City	State	Did you graduate?	If no, circle last year successfully completed.					
				1	2	3	4	5	6
				1	2	3	4	5	6
				1	2	3	4	5	6
				1	2	3	4	5	6

## EXPERIENCE

Please list any special skill (s), certification(s), license(s), or similar credentials you have that would be of benefit in the position you are applying for.

\_\_\_\_\_

\_\_\_\_\_

Have you been a member of another fire department?  Yes  No

If "Yes", please complete the following:

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Chief's Name: \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

Please provide the following information for current employment:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your employer release you from work for an emergency incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", you will be provided with a department letter for your employer.

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**CRIMINAL RECORD**

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe the number of convictions, the specific offence(s) for which you were convicted, how many years ago the convictions were entered.

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Have you been convicted of a misdemeanor, driving under the influence, simple assault, speeding, minor traffic violations, affray or disturbance of the peace, or larceny within the past five (5) years?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe the number of convictions, the specific offence(s) for which you were convicted, how many years ago the convictions were entered.

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Have you had any motor vehicle accidents or been convicted more than once for any motor vehicle violations (except minor violations) within the past five (5) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe the number of convictions, the specific offence(s) for which you were convicted, how many years ago the convictions were entered.

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**ADDITIONAL INFORMATION**

Are you able to perform the specific job functions listed on the job description for the position you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", please list the specific job function(s) you cannot perform.

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Please provide any additional information about yourself, your experience or employment that you feel reflects upon your ability to perform the duties of the position you are applying for.

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Do you have any physical disabilities that would interfere with the position you are applying for? (If any)

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Do you have a fear of heights? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a fear of climbing ladders or roofs? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**AUTHORIZATION TO OBTAIN INFORMATION**

I hereby authorize the South Windham Fire Department to conduct any necessary inquiries and collect any necessary information as to my background, character, reputation and ability to perform the position I am applying for. The inquiries may include but are not limited to a review of my past membership in another fire department, a criminal and motor vehicle conviction history check. I hereby release and agree to hold harmless from liability any person or organization who supplies the south Windham Fire Department with information about my background or criminal and motor vehicle history. I also agree to hold harmless the South Windham Fire Department and the officers and members thereof.

I hereby authorize this examination for the purpose of obtaining security clearance in the South Windham Fire Department. I understand that the Connecticut State Police would not provide this information to the South Windham fire Department without this authorization and that I am not required by law to give this authorization. I also understand that by refusing the authorization of a background check, to be completed by the Connecticut State Police, my application may be rejected by the South Windham Fire Department.

I have read and understood the above.

\_\_\_\_\_  
Applicant Signature

If the applicant is under 18 years of age, His /Her parents/Guardian must sign the following:

Permission is hereby granted for: \_\_\_\_\_

To join the South Windham Fire Department Inc., And I hereby release said department from any and all responsibilities.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date

Subscribed and sworn to before me,  
A Notary Public, in and for the County of \_\_\_\_\_  
and State of \_\_\_\_\_  
Connecticut, this \_\_\_\_\_  
Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**ACKNOWLEDGEMENT**

I have answered all of the above questions to the best of my ability. I hereby certify that there are no omissions of any kind, and no misrepresentations or falsifications and that the above answers are true and accurate are made in good faith. I understand and acknowledge that any omission I have made or misrepresentation or falsification may be grounds to discontinue further consideration of my application or for immediate termination of my membership if already accepted.

I understand and acknowledge that membership is on at-will basis and that both the South Windham Fire Department and I shall be free to end the membership at anytime and for any reason should I become a member of the South Windham Fire Department.

I understand and acknowledge that I will be required to comply with all rules and regulations as set forth in the South Windham Fire Department By-Laws and Standard Operating Guidelines or the communications distributed to all members as the same may from time to time be amended.

I understand and acknowledge that I will be required to attend training course prescribed by the South Windham Fire Department and that failure to complete the prescribed training may be grounds to terminate my membership. I also understand and acknowledge that my assignments may require me to be absent from home during an emergency and am willing to accept such assignment. I further understand that I will be required to pass a physical examination prior to participating in any activities of the South Windham Fire Department.

I understand and acknowledge that the badge and any other equipment issued to me will be returned to the South Windham Fire Department if my membership is terminated or should I resign from the South Windham Fire Department.

In signing this application, I have read and understand the above.

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(Applicant Signature)

Date

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(Parent or Guardian, if applicant is under 18 years of age)

Date



SOUTH WINDHAM FIRE DEPARTMENT, INC.  
P.O. Box 216, 41 Machine Shop Hill Road  
South Windham, CT 06266  
(860) 423-6666

~ CERTIFICATION OF PHYSICAL EXAMINATION ~

Date: \_\_\_\_\_

Required for membership. Must contain signature and printed name of medical doctor.

I have examined \_\_\_\_\_ and have found him/her to  
be in good health to be able to participate in fire department operations. In addition I find no evidence  
of heart disease or hypertension.

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address