

## ROCKY HILL FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

**Membership:**      **Cadet Membership**                      **Regular Membership**

**Position Applied For:**

**Date of Application:**

**Name:**

**Social Security#:**

**Address:**

**Email:**

**Home Phone:**

**Best time to reach you:**

**Driver License #:**      -

**Date Available for Work:**

**Have you been convicted of a felony in the last seven years?**    No      Yes

**If yes, please explain:**

Such conviction may be relevant if job related, but does not bar you from employment.

**Do you have any injuries or disabilities that would prevent you from safely performing the duties of this position? Applicants will be required to pass a job related physical.**    No      Yes

**If yes, please explain:**

### EDUCATION

Indicate any languages you read, speak, and/or write:

Please type which language(s).

	Fluent	Good	Fair	
Speak				
Write				
Read				

	Name/Town	Course of Study	Yrs Completed	Diploma/Degree
High School				
Undergrad				
Grad/Other				

### SPECIAL QUALIFICATIONS

#### EMPLOYMENT HISTORY (regular members only)

List your last three (3) employers, including military, starting with the most recent.

**Employer Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Job Title/Duty:** \_\_\_\_\_  
**Reason for Leaving or Considering Leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Job Title/Duty:** \_\_\_\_\_  
**Reason for Leaving or Considering Leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_  
**Job Title/Duty:** \_\_\_\_\_  
**Reason for Leaving or Considering Leaving:** \_\_\_\_\_

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PLEASE READ CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENT, PLEASE ASK FOR ASSISTANCE.

I certify that to the best of my knowledge and belief all responses on this application are correct and complete. I understand that all information is subject to investigation, and that misleading or false statements may cause my application to be rejected, or may be cause for my dismissal.

I hereby authorize the Town of Rocky Hill to communicate with my former employers, school officials, and individuals named as references. I understand that the Town of Rocky Hill will inform me prior to contacting the above-mentioned parties.

**Signed:** \_\_\_\_\_

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

*The Town of Rocky Hill is an Equal Opportunity Employer, and considers applications without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or handicap or any other legally protected status.*

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**FOR OFFICE ONLY**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_  
Background Check Completed \_\_\_\_\_  
Medical Exam Completed \_\_\_\_\_

Assigned to: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_