

MEMBERSHIP APPLICATION

We are an Equal Opportunity Organization. We consider applicants for membership without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PERSONAL INFORMATION

Last Name		First	Middle	Date of Application
Street Address				Home Phone ()
City, State, Zip				Work Phone ()
Certification Level: <input type="checkbox"/> None <input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> ECA <input type="checkbox"/> EMT-B <input type="checkbox"/> HAZ-MAT				Social Security No.
CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred By:			Driver's License No. & State
In case of emergency notify:				Phone: ()

EDUCATION AND TRAINING

LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER EDUCATION OR TRAINING				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other relevant education, training, special skills or certificates/licenses that you possess:

WORK & FIRE FIGHTER/EMS EXPERIENCE

Name & Address	From	To	Position	Supervisor	Reason for Leaving

ADDITIONAL EMPLOYMENT - RELATED INFORMATION

Are you over 16 years of age?
 Yes No

Are you over 18 years of age?
 Yes No

Are you over 21 years of age?
 Yes No

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? Yes No

If "yes", please describe in detail:

MOTOR VEHICLE HISTORY

Do you have any motor vehicle convictions?
 If Yes, describe in the spaces below: Yes No

Have you ever been convicted of DWI?
 If Yes, describe outcome in spaces below: Yes No

Date	Nature of Offense?	Location (State)	Ticketed?	Points/Outcome

Has your license to operate a motor vehicle ever been revoked or placed under suspension? Yes No
 If Yes, please state the dates and reasons:

HEALTH

Are there any circumstances that may affect your ability to perform job-related tasks in a safe manner? Yes No
 If Yes, please describe:

Please circle any of the conditions below that you suffer from or have had in the past:

- | | | | |
|-------------------------|-----------------------------------|---------------------------------|--------|
| Back Problems/Surgeries | Respiratory Conditions | Physical Impairments | Hernia |
| Heart Conditions | Visual Problems/Corrective Lenses | Drug or Alcohol Abuse | |
| Seizure Disorders | Hearing Impairments | Psychiatric or Mental Disorders | |

REFERENCES

Please give the names of three people not related to you, nor former employers, whom you have known for at least one year.

Name	Address	Phone	Relationship	Years Known

APPLICANT'S CERTIFICATION - Please read carefully before Signing.

I certify that all information provided by me is true to the best to my knowledge. If offered membership, I understand that membership is contingent upon verification of the above information, and my ability to perform the job. I authorize investigation of all statements contained in this application. All information given above and researched will be held strictly confidential.

Applicant's Signature _____

Date _____

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Reviewed by: _____ Date: _____

Motor Vehicle Record Checked by: _____ Date: _____

Certification Verified: _____ Date: _____

Interviewed by: _____ Date: _____
 Comments _____

- Card Attached
- EMS Office Contacted
- Vermont Training Council Contacted

Accept Reject (Attach Reasons) Date: _____

References Checked by: _____ Date: _____
 Comments: _____

Position Assigned to: _____