



Application for Voluntary Membership

Branford Fire Department

Please fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant giving false information will be subject to disqualification. If a question does not apply to you, write N/A (not applicable). This application should be typed or legible in blue or black ink.

APPLICANT INFORMATION

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Cell Home

Position Applying for (check any that apply):

Firefighter Fire Police EMS Only

Are you a citizen of the U.S.? Yes No If no, are you authorized to work in the U.S.? Yes No

Are you now, or have you ever worked for the Town? Yes No

If yes, which department? _____

Has any member of your family currently or have been employed by the Town? Yes No

If yes, name: _____

EDUCATION

High School/ GED	City, State	Did you graduate?
		Yes <input type="checkbox"/> No <input type="checkbox"/>

College/ Trade	City, State	Did you graduate?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
From: _____ To: _____	Degree:	

College/ Trade	City, State	Did you graduate?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
From: _____ To: _____	Degree:	

College/ Trade	City, State	Did you graduate?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
From: _____ To: _____	Degree:	

PREVIOUS EMPLOYMENT

List all employment, beginning with most recent. You may attach a resume in addition to this application.

Company: _____
City, State: _____
Job Title: _____
Dates of Employment: From: _____ To: _____ Full or Part Time: _____
Supervisors Name: _____ Supervisors Phone: _____
May we contact as a reference: Yes No Reason for Leaving: _____
Responsibilities: _____

Company: _____
City, State: _____
Job Title: _____
Dates of Employment: From: _____ To: _____ Full or Part Time: _____
Supervisors Name: _____ Supervisors Phone: _____
May we contact as a reference: Yes No Reason for Leaving: _____
Responsibilities: _____

Company: _____
City, State: _____
Job Title: _____
Dates of Employment: From: _____ To: _____ Full or Part Time: _____
Supervisors Name: _____ Supervisors Phone: _____
May we contact as a reference: Yes No Reason for Leaving: _____
Responsibilities: _____

OTHER LICENSES/ SKILLS

Office Machines in which you can operate: _____

Heavy Equipment you can operate: _____

Driver's License: State: _____ Number: _____ Type: _____

Please list any licenses, certifications, skills, or equipment, which may be helpful for the position in which you applied: _____

Do you have your CDL License? Yes No If yes, license #: _____

PROFESSIONAL REFERENCES

Name: _____ Relation: _____
Phone Number: _____ Years Known: _____

Name: _____ Relation: _____
Phone Number: _____ Years Known: _____

Name: _____ Relation: _____
Phone Number: _____ Years Known: _____

I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omission or concealment of material fact, my application may be rejected and my name removed from the eligible lists. If already appointed, I may be dismissed.

I hereby authorize and voluntarily release the Town of Branford to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and ability to perform in the voluntary membership position I am applying for, including but not limited to: review of my educational and employment references and background, a criminal conviction history check, a consumer report or investigative consumer report (which will comply with the Fair Credit Reporting Act). I release from any liability any and all former employers or educators, or personal references or other references who supply the Town of Branford with information about my background, education or employment history. I also authorize the release of copies of any such aforementioned records to the Town of Branford.

All volunteers of the Town of Branford have the right to resign from their membership at any time, for any reason, or for no reason at all, with or without advance notice. The Town of Branford retains the same right with respect to termination of any volunteer's membership. No manager, supervisor or other individual of the Town of Branford has authority to make a commitment of guaranteed or continuing voluntary membership to you, and no document or publication of the Town of Branford should be interpreted to make such a guarantee. Nothing stated by the Town of Branford, in writing or orally, during the interview and/or hiring process is to be construed as creating a contract between the person applying for voluntary membership and the Town of Branford.

I have read, understand and agree to the foregoing.

Applicant Name: _____ Date: _____

Signature: _____

TOWN OF BRANFORD NOTICE TO APPLICANTS AND EMPLOYEES

EEO

The Town of Branford is an Equal Opportunity Employer. State and Federal law prohibit discrimination on the basis of race, color, religious creed, age, sex, sexual preference, marital status, national origin, ancestry, present or past history of mental or physical disability, except in cases of a bona fide occupational qualification.

PHYSICAL EXAMINATION AND DRUG TEST

I understand that, upon receiving a conditional offer of membership from the Town of Branford, I may be required to pass a physical examination prior to beginning active membership status to verify ability to meet the requirements. The Town of Branford is a drug free workplace. The Town of Branford requires successful completion of a urinalysis drug test as part of its screening process. Drug tests are conducted by an outside professional laboratory.

DISABILITY ACCOMODATIONS

Under the Americans with Disabilities Act, the Town of Branford is required to provide reasonable accommodations to qualified disable applicants and employees for the employment process. Reasonable accommodations will be provided upon request to qualified disabled persons if such accommodations are necessary for applicants to compete equitably in the employment process, or for an employee to perform the essential functions of his or her membership position. Requests for such accommodations should be made in a timely fashion to the Human Resources Department so that the Town of Branford can make any necessary arrangements.

NOTICE OF BACKGROUND CHECK AND FAIR CREDIT ACT DISCLOSURE

As part of the hiring process, the Town of Branford will conduct a background check. If you are hired, the Town of Branford may also conduct a background check in deciding whether to continue your membership and when making other decisions directly affecting you.

Because we are required to notify applicants of our policies, we ask that you sign and date this notice.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED

Applicant Name: _____ Date: _____

Signature: _____

Please send completed application, references, and any licenses or certifications to:

careers@branford-ct.gov



Town of Branford

Affirmative Action – Voluntary Information

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant survey. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name (optional): _____

Gender:

Male Female:

Ethnicity:

Hispanic Non-Hispanic

Race:

White Black/African American Asian American Indian

Native Hawaiian Pacific Islander Two or more Races

Referral Source:

Walk In Online Job Board Relative Employee Town Website

Other _____