

## **Westfield Volunteer Fire Department**

653 East Street,

Middletown, Connecticut. 06457

Main: (860) 632-2690 Fax: (860) 632-2647



**Official Use Only**	**Official Use Only**	**Official Use Only**
Issue Date:/	Into	erview Date:/
Date Received:/	Probationary Date:/	
Application must	be submitted with 2 forms	of identification
with at least one form being a picture I.D.		
	Application for Membership	
Position	n Applying for: (check all that a	nnly)
Firefighter	Applying for. (check all that a	E.M.S.
Name of Applicant:	D.O.B S.S.N	
How Long at this address:		
U.S. Citizen Yes / No		
Marital Status:	Number of I	Dependants:
Home Phone: (		()
	mergency Contact Information	
Name:		
Address:Phone Number: ()		):
Name:		
Address:		
Phone Number: ()		):
Occupation:		
Employer Name:		
Address:		in Codo:
City:	State: Z	p Code:
Phone Number: ()		
Do you have any physical.	mental or medical impairment	or disability that would
	as a member of the Westfield \	•
Yes / No If Yes, Explain:		-
Have you had any previous	Fire Fighting or other Emerge	ncy Response Training?
•		_
	(OVER)	Page 1 or 2

## Please list three (3) personal references, not including family members Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_-\_ Address: City: State: Zip Code: Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_-\_ Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_-\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_ Please utilize the space below to provide any other information that you feel will be useful in the application process I, the undersigned, do hereby agree to allow the Westfield Volunteer Fire Department to conduct a thorough background investigation and to verify any and all statements contained herein and any other pre-membership documents. I further agree to submit to a pre-membership medical examination and drug screening by the Department's designated Physician. I understand that failing the drug screen, medical examination or making a false statement are grounds for non-acceptance into the Westfield Volunteer Fire Department. Signature Date / / \*\*Official Use Only\*\* \*\*Official Use Only\*\* \*\*Official Use Only\*\*

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

By the Investigating Committee on \_\_\_\_/\_\_\_/