

*Portland Vol. Fire Department*

**APPLICATION FOR MEMBERSHIP**

**Offers of membership will be contingent on the successful completion of a medical examination, drug screening, and criminal background check.**

I am applying for: (check all that apply) <input type="checkbox"/> Firefighter <input type="checkbox"/> EMS <input type="checkbox"/> Fire Police
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*Complete fully all (4) four pages of this application including your signature at the end. Please print.*

Last name	First name	M.I.	Today's date
Street address	City	State	Zip
Mailing address (if different)	City	State	Zip
Home phone number	Other pertinent Phone numbers		
How long have you lived in Portland?	D.O.B.	SSN:	

- Are you 18 years of age or older? Yes  No
- How were you referred to Portland Vol. Fire Department? \_\_\_\_\_
- Have you ever been a member of the Portland Vol. Fire Department, or any other Fire Dept.? Yes  No   
If yes, please describe, including dates. \_\_\_\_\_
- Do you have any relatives who are presently members of Portland Vol. Fire Department?  
Yes  No  If yes, who: \_\_\_\_\_
- Is there any information we would need about your name or use of another name for us to be able to check your work record?  
Yes  No  Please specify. \_\_\_\_\_
- Have you ever been convicted of any crimes up to and including felonies? Yes  No   
(A "yes" answer will not necessarily exclude you from consideration for membership.) If yes, please explain: \_\_\_\_\_
- Do you have a valid CT Driver's License? If yes, what is the Op. No.? \_\_\_\_\_
- Have you ever been arrested for any motor vehicle violations? If yes, please describe: \_\_\_\_\_

**U.S. MILITARY SERVICE**

Branch of Service	From	To
Rank & Type of Service	Type of Discharge	
Training/Experience Received		

**EDUCATION**

Type	Name & Location	Program or Major	Did you graduate? (Circle one)	Circle highest year completed	Degree/Diploma Received
High School			Yes No	9 10 11 12	
College			Yes No	1 2 3 4 5	
Graduate			Yes No		
Technical or Other			Yes No		

List any special qualifications, skills, occupational licenses, or certificates you have which may further qualify you for this job.

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**EMPLOYMENT RECORD**

Company Name & Address	Position	Dates From/To	Reason for Leaving
1.		From  To	
2.		From  To	

**REFERENCES**

(Please do not include relatives.)

Name	Relationship	Address	Phone
1.			( ) -
2.			( ) -
3.			( ) -

May we contact your current employer? Yes  No

Briefly explain why you want to join the Portland Fire Department: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**APPLICANT'S STATEMENT**

1. I understand that Portland Vol. Fire Department will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.
2. I agree to authorize the Portland Fire Department to do a CT State Police Department to conduct both a criminal and motor vehicle background investigation. I also agree to submit to a Fire Department Physical Examination given by the Department Clinic per NFPA standards. I will be responsible for costs of any additional testing required beyond Dept. physical requirements.
3. If accepted, I agree to attend fire calls or EMS calls, drills, and meetings, and to obey instructions and orders from the officers, and to comply with the By Laws of the Department. All members shall serve a one-year probationary period starting in the month their application is approved by the membership. If I fail to perform the duties and obligations of my rank as set forth, it is understood that I am subject to suspension or dismissal from the Department, with or without cause.
4. I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for my dismissal or refusal of membership.

***Applicant Signature:*** \_\_\_\_\_

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



*PORTLAND VOL. FIRE DEPARTMENT*

**NOTICE TO PROSPECTIVE MEMBERS**

Portland Vol. Fire Dept. is firmly committed to maintaining a drug-free workplace. Therefore, we require all prospective members accepted to pass a drug test as part of our membership process. *All offers* of membership are contingent upon satisfactory results of a drug-screening test.

All prospective members who are considered for membership will be required to sign a Drug-Screening Agreement (see below) authorizing Portland Vol. Fire Dept. to have its designated laboratory perform the drug-screening test. Prospective members who refuse to sign the Agreement will not be considered for membership. Prospective members who test positive for drug usage will be denied membership in the Portland Vol. Fire Dept. for a period of six months after the positive screening.

**DRUG-SCREENING AGREEMENT**

*To be signed by the applicant*

I understand and agree that any offer of membership to me by the Portland Vol. Fire Dept. is contingent upon passing a medical examination, to be arranged at Portland Fire Dept.'s expense, which includes a urine test to determine the presence or use of drugs or controlled substances. I give my consent to the urine test and the release of the test results and any other relevant medical information to authorized Portland Fire Dept. management for appropriate review. I understand and agree that my failure or refusal to sign this Drug-Screening Agreement or to provide said specimen for analysis at the time requested will also disqualify me from further membership consideration with Portland Vol. Fire Department.

Applicant's name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_