

LHFD

Long Hill Fire Department

Serving Trumbull, CT Since 1921



Membership Application

Long Hill Volunteer Fire Company No. 1, Inc.

Trumbull, Connecticut

Membership Application

QUALIFICATIONS FOR MEMBERSHIP:

- 1.) New members (both junior and senior), must serve a probationary period at a minimum of six months, and must pass a firefighter proficiency examination approved by the chief in order to be considered for membership to the Long Hill Fire Department.**
- 2.) Specific requirements for probationary membership:**
 - a.) Junior members must be at least 16 years of age and live within the Long Hill Fire District.
 - b.) Senior members must be at least 18 years of age.
 - c.) United States Citizenship, or Legal Alien
 - d.) Applicant must pass a departmental medical examination and history given by the Long Hill Fire Department appointed physician
- 3.) Applicant must authorize, in writing, the Long Hill Fire Department to conduct a background investigation to include the following information: Employment Information, Educational Information, Military History, Police and Criminal Records, DMV Driver's Record, Health Information and three (3) Character References.**
- 4.) Process leading to Probationary appointment will consist of:**
 - a.) Completed application be submitted as directed
 - b.) Submission of investigation waivers for release of information
 - c.) Interview by the Board of Directors
 - d.) General Membership application acceptance
 - e.) Medical examination by fire department physician
 - f.) Submit to drug test
 - g.) Agreement to return any and all equipment issued to the applicant upon termination of membership or when requested by the Fire Company or Fire District
- 5.) Qualifying for active membership: (eighteen years of age or older)**
 - a.) Active members must pass a "Firefighter Level 1" training course
 - b.) Attend six (6) business meetings a year
 - c.) Report to all alarms when possible
 - d.) Attend at least 17 drills per year (Tuesday nights)
 - e.) Show willingness to accept responsibility

INSTRUCTIONS:

Type or print in ink, answers to all questions. All information will be treated on a confidential basis. All statements are subject to verification. Incorrect statements may bar or remove you from membership.

FOR MORE INFORMATION, CALL 452-0779

PERSONAL DATA

NAME	First	Middle	Last
Present Address	City	State	Zip
Last Place of Residence*	City	State	Zip
Date of Birth	Home Phone	Cell Phone	Social Security No

*Within the last five years

GENERAL INFORMATION

How did you learn about this department? _____

Do you know someone currently involved in the fire department? YES / NO (circle one) If YES, please list below

Have you ever been a member of a public safety organization as a career member, volunteer or auxiliary?
YES / NO (circle one) If YES, please list below

Have you previously filed an application for the Long Hill Fire Department?
YES / NO (circle one) If YES, approximate date: _____

Have you previously filed an application for any state or other municipal police or fire department?
YES / NO (circle one) If YES, please list below with whom: _____

Do you have any Connecticut firefighter, EMS or related certification? YES / NO (circle one)
If YES, please list all certifications below: _____

EMPLOYMENT HISTORY

Please list your job history for the past ten years (or last five employers). Start with your present status. Include U.S. Military Service (show rank at discharge but not type of discharge).

DATES MO/YR	NAME & ADDRESS OF EMPLOYERS (Most Recent First)	DESCRIBE YOUR JOB	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND ADDRESS	GRADUATED YES / NO	TYPE OF DEGREE & MAJOR/MINOR STUDY
HIGH SCHOOL LAST ATTENDED			
ALL VOLCATIONAL SCHOOLS, TECHNICAL INSTITUTES & JUNIOR COLLEGES			
ALL COLLEGES OR UNIVERSITIES			
OTHER TRAINING: INCLUDE MILITARY & EQUIVALENCY DIPLOMAS			
Do you have any previous firefighting experience? YES NO (Circle One)			
If YES, give details and list all training courses taken and completed: _____			

REFERENCES

Fill in the names of three (3) persons not related to you, who have known you for a substantial period, preferably more than five (5) years. All persons to whom you refer may be asked to appraise your character, ability, personality, and other qualities. References must be at least twenty-one (21) years of age.

NAME	ADDRESS		
RELATIONSHIP	PHONE	YEARS KNOWN	
NAME	ADDRESS		
RELATIONSHIP	PHONE	YEARS KNOWN	
NAME	ADDRESS		
RELATIONSHIP	PHONE	YEARS KNOWN	

VERIFICATION STATEMENT

I hereby certify that all statements in this questionnaire are true and complete, and understand that any mis-statement of material facts will subject me to disqualification or dismissal, or bar me from further participation in the membership examination process.

_____ (Signature in Full) _____ (Date)

EMERGENCY CONTACT INFORMATION

Primary Name: _____ Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

Secondary Name: _____ Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

MOTOR VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____

Drivers License Number: _____ State: _____ Class: _____

Endorsements: _____

HISTORY

If you answer YES to any of the following questions, please use the blank spaces to explain.

Have you ever been arrested: YES / NO

Have you ever been convicted of a crime: YES / NO

The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or knolled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to Connecticut law shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeds so erased and may swear so under oath.

TRAFFIC VIOLATIONS

Have you been involved in a traffic accident as a vehicle driver within the past five (5) years?
YES / NO (circle one)

If YES, please list below:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE (if applicable)</u>

Have you ever received a traffic summons? YES / NO (circle one)

If YES, please list below:

<u>DATE</u>	<u>LOCATION</u>	<u>CHARGE – DISPOSITION</u>

PHYSICAL REQUIREMENTS:

For firefighting duties, you must have strength and ability to do prolonged manual and mechanical work under adverse conditions. Members engaged directly in firefighting and rescue activities to protect and safeguard lives and property; work involves an element of personal danger. Members assist in maintenance and repair of fire stations and equipment, receive training in the use of various tools and equipment, handle hose lines in firefighting, climb ladders, make openings in burning buildings for ventilation and entrance, prevent the spread of fire, wear breathing apparatus while performing firefighting duties, perform salvage operations, such as covering furniture with tarpaulin, mopping floors and cleaning debris, drive and operate fire trucks, clean, maintain and make minor repair to firefighting equipment, participate in regular firefighting drills, perform a wide variety of routine tasks in connection with the maintenance of fire stations and grounds.

OTHER REQUIREMENTS:

Candidate must possess a valid Connecticut license to operate a motor vehicle; must possess ability to read and write the English language.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the Long Hill Fire Department to conduct a background investigation relating to my membership and temporary appointment to the Long Hill Fire Department as a firefighter.

Specifically, I hereby authorize the release of any of the following data or records to the Long Hill Fire Department.

- Employment Information
- Educational Information
- Military History Information
- Police or Criminal Records
- Department of Motor Vehicles Driver's Record
- Health Information

Authorization Signature:

_____ (Signature) _____ (Date)

_____ (Print Name)

Parent's or Legal Guardian's Signature: (Required if under the age of eighteen)

(The guardian's signature is also authorizing the applicant's right to apply)

_____ (Signature) _____ (Date)

DO NOT WRITE IN THIS AREA

Recruiter: _____
Member Referral: _____
Date Interviewed: _____
Station Assignment: _____

Long Hill Fire Department
Application Process Outline

- Perspective member fully completes membership application.
- Application is reviewed by the Chief of Department and Board of Directors.
- Perspective member is introduced/interviewed by the Board of Directors.
- Membership vote on application.
- Police background check is done.
- A full physical and medical evaluation is done by fire department appointed physician (at no cost to applicant). A TB test will be administered and results need to be read within 48 hours. If you do not have this read within that time, you will have to retake the test at your own expense.
- The applicant shall sign the bylaws, thereby obtaining status as a basic trainee or junior member, as the case may be.
- Member is now eligible to attend weekly departmental training sessions (held every Tuesday evening starting at 7:00 PM).
- Member will now be enrolled in a departmentally run probationary training class, which is intended to bring new recruit up to speed with how our fire department operates and what will be expected of them as a firefighter. Firefighter's protective clothing will be issued sometime during this period. Upon completion of this course, member will now be allowed to respond to fire calls in a support role, but not as an interior structural firefighter.
- After the completion of a nationally certified Firefighter I Class and passing the Connecticut Firefighter I class, the membership shall vote on admitting the basic trainee or junior member as a full member of the department. If accepted, the member shall take the oath of office.

LONG HILL FIRE DEPARTMENT
NEW MEMBER STATUS
TRACKING SHEET

PERSPECTIVE MEMBERS NAME _____

PERSPECTIVE MEMBERS ADDRESS _____

PERSPECTIVE MEMBERS TEL # _____

PERSPECTIVE MEMBERS SS# _____

*NEW MEMBER APPLICATION RECEIVED _____ / _____ / _____

*NEW MEMBER INTRODUCED TO BOARD OF DIRECTORS ____ / ____ / ____

*MEMBER HAS TAKEN PHYSICAL _____ / _____ / _____

*MEMBER HAS BEEN CLEARED FOR BACKGROUND CHECK YES / NO

*DATE THAT MEMBER SIGNS BYLAWS _____ / _____ / _____

*MEMBERSHIP STATUS (CIRCLE ONE) JUNIOR / BASIC TRAINEE

*MEMBER SIGNS IN AS FULL MEMBER _____ / _____ / _____

*MEMBER PROMOTED TO LIEUTENANT _____ / _____ / _____

*MEMBER PROMOTED TO CAPTAIN _____ / _____ / _____

*MEMBER PROMOTED TO ASST. CHIEF _____ / _____ / _____

*MEMBER PROMOTED TO DEPUTY CHIEF _____ / _____ / _____

*MEMBER PROMOTED TO CHIEF _____ / _____ / _____

If you have any questions regarding this application or difficulties filling out the form, please contact the District Office at 452-0779.

When all forms have been completed, please return your application in the enclosed envelope to the firehouse. Someone will contact you shortly after receiving your completed application.

Thank you for taking the time and showing interest in our great organization!