

**TOWN OF GLASTONBURY  
GLASTONBURY VOLUNTEER FIRE DEPARTMENT  
2155 MAIN STREET  
GLASTONBURY, CT 06033**

**APPLICATION**

INSTRUCTIONS: PLEASE PRINT CLEARLY. ANSWER ALL SECTIONS.

APPLICATION FOR THE POSITION OF: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\_\_\_\_\_ WORK #: \_\_\_\_\_

MAY WE CONTACT YOU AT YOUR WORK NUMBERS? YES \_\_\_\_\_ NO \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: SINGLE MARRIED DIVORCED (PLEASE CIRCLE)

**MOTOR VEHICLE OPERATOR'S LICENSE:**

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Class \_\_\_\_\_

License #: \_\_\_\_\_ . A Class 2 license or better will be preferred (or ability to pass a DMV test).

**MILITARY RECORD AND STATUS:**

Branch of Service \_\_\_\_\_ Dates Served \_\_\_\_\_ to \_\_\_\_\_

Type of Duty \_\_\_\_\_ Special Training Received \_\_\_\_\_

Do you have any military obligations? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide a copy of your DD 2214, if applicable. \_\_\_\_\_ Copy attached

Have you ever been convicted for violation of any law other than minor traffic regulations Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, explain: \_\_\_\_\_

**MUST HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT OR HAVE REACHED THE AGE OF 21.**

EDUCATION AND TRAINING:

Name of High School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Years completed: \_\_\_\_\_ Diploma Received: Yes \_\_\_\_\_ No \_\_\_\_\_

College or Technical School:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Degree Received: \_\_\_\_\_ Completed Degree: Yes \_\_\_\_\_ No \_\_\_\_\_

College or Technical School:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Degree Received: \_\_\_\_\_ Completed Degree: Yes \_\_\_\_\_ No \_\_\_\_\_

College or Technical School:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Degree Received: \_\_\_\_\_ Completed Degree: Yes \_\_\_\_\_ No \_\_\_\_\_

List any other educational qualifications, special qualifications and skills, licenses or certifications not indicated above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT RECORD: List your last ten years of experience, most recent position **first**:

1) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Full or Part-time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Full or Part-time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Full or Part-time: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever belonged to a Fire/EMS organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Department/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Full or Part-time: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates of participation: \_\_\_\_\_ to \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you willing to have your present employer contacted regarding your qualifications and work performance? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain \_\_\_\_\_

**REFERENCES:** Please provide three (3) persons, other than relatives, who are familiar with your character, job qualifications and work performance to provide information about you (be sure to include complete address and phone numbers of references).

- 1) \_\_\_\_\_  
(Name) (Address) (Phone)
- 2) \_\_\_\_\_  
(Name) (Address) (Phone)
- 3) \_\_\_\_\_  
(Name) (Address) (Phone)

**REMARKS:** Use this space for any additional information or for continuation of answers to previous questions. Refer to questions by section number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

CERTIFICATION:

- a) I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries above made by me are true, complete and correct to the best of my knowledge and belief. I understand the non-compliance with this certification will result in rejection of my application or, if I am already a volunteer, immediate discharge from the Glastonbury Volunteer Fire Department.
  
- b) In the event that I am recruited by the Glastonbury Volunteer Fire Department, I agree to comply with all of its orders, rules and regulations. The Town of Glastonbury makes no guarantee of employment. Only the Town Council and Town Manager may enter into an employment contract and then, only in a written agreement signed by all parties.
  
- c) Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

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(Signature)

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(Date)

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(Print Name)

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**GLASTONBURY BACKGROUND CHECK**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the Glastonbury Volunteer Fire Department, or Glastonbury Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, complaints or grievances filed by or against me, records of complaints, arrest, trial and/or conviction of alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Glastonbury Police to consider in determining my suitability for employment with the Town. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Glastonbury Volunteer Fire Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

DOB: \_\_\_\_\_

Soc. Sec# \_\_\_\_\_

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

Witness: \_\_\_\_\_

TOWN OF GLASTONBURY  
VOLUNTEER FIRE DEPARTMENT

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION STATEMENT

The Town of Glastonbury requests that each applicant complete the following questions so that accurate records of the recruitment process may be maintained. Completion of this section is not required for continued participation in the recruitment for a position.

Information provided will be kept separate from the regular application, and will not be reviewed until the entire recruitment is completed.

Your cooperation in completing this form is appreciated and will enable us to evaluate our recruitment process in accordance with Affirmative Action policies. Thank you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ (Caucasian, Black, Hispanic, Asian or American Indian)