

# WESTERN COVENTRY FIRE DEPARTMENT

## MEMBERSHIP APPLICATION

Date of Application: \_\_\_\_\_

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

Address (Street): \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at present address? \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License (State/Type/License No.): \_\_\_\_\_  
(Attach photo copy of license)

Education: (Circle) (8-11 years) (H. S. Diploma) (Some College) (AS/AB) (BS/BA) (MA/MS)

Name of HS and/or College: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

1. Have you ever been convicted of a crime? (Yes) (No)

1A. If you answered "yes" to question #1, please indicate the crime(s) for which you were convicted, the date and location of the conviction(s) and if the conviction was a felony or a misdemeanor:

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

2. Do you currently have or have had previously an illness or injury which may limit your ability to perform as a firefighter or emergency medical technician?\* (Yes) (No)

2A. If you answered "Yes" to question#3, please list the nature of the physical limitations or illness: \_\_\_\_\_

(\* Note: The Department will generally endeavor to assign such individuals to duties and responsibilities consistent with their physical or health abilities)

3. Are you a military veteran? (Yes) (No) (Attach DOD Form DD-214)

4. Are you a US citizen? (Yes) (No) (Attach DOJ Form I-9)

5. Fire and/or EMS Certificates held: \_\_\_\_\_  
(attach photocopies of certificates or licenses)

6. Personal references:

Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

7. Attach a copy of your current resume.

I certify the above information is complete, true and accurate to the best of my knowledge. I acknowledge that incorrect or untrue statements or data provided above may subsequently be cause for termination in the event I am accepted for membership.

I further authorize the Office of the Attorney General, Bureau of Criminal Investigation to release to the Western Coventry Fire Department any and all criminal arrest and/or conviction records that may exist in my name.

\_\_\_\_\_  
Signature of Applicant Date Signed