

# APPLICATION FOR MEMBERSHIP

## AS A VOLUNTEER FIREFIGHTER WITH THE TOWN OF FARMINGTON FIRE DEPARTMENT

**APPLY TO:**  
**TOWN OF FARMINGTON**  
**FIRE DEPARTMENT**  
**1 MONTEITH DRIVE**  
**FARMINGTON, CT 06032-1053**

<b>OFFICE USE ONLY</b>	
REC _____	_____
DRV _____	_____
PHY _____	_____
PRTS _____	_____

The Town of Farmington Fire Department is dedicated to a policy of nondiscrimination in employment and volunteer membership on any basis prohibited by law. Volunteer membership in the Town of Farmington Fire Department is available without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

### PERSONAL INFORMATION

<b>APPLICANT'S NAME (LAST, FIRST, MIDDLE)</b>			
<b>STREET ADDRESS</b>	<b>CITY/TOWN</b>	<b>STATE/ZIP</b>	<b>HOW LONG?</b>
<b>TELEPHONE NUMBER (HOME)</b>		<b>TELEPHONE NUMBER (CELL)</b>	
<b>E-MAIL ADDRESS</b>			

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes\_\_\_ No\_\_\_

If your authorization to work in the United States is subject to expiration, when will it expire? \_\_\_\_\_

If membership is offered, can you produce documentation required by law to establish work authorization and identity?  
 Yes\_\_\_ No\_\_\_

Are you prevented from lawfully becoming employed in the U.S. because of visa or immigration status? Yes\_\_\_ No\_\_\_

### GENERAL INFORMATION

Station applied to: \_\_\_\_\_

Are there any days or times you would be unavailable to participate as a volunteer firefighter? \_\_\_\_\_

On what date would you be available to start? \_\_\_\_\_

Are you related by blood or marriage to any employee or elected official of the Town of Farmington? Yes\_\_\_ No\_\_\_  
 If yes, please name: \_\_\_\_\_

Have you ever applied to, or worked for the Town of Farmington before? \_\_\_\_\_ Yes\_\_\_ No\_\_\_

If yes, under what name, dates of employment and department? \_\_\_\_\_

Current employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Have you ever been denied membership to an Emergency Service, either paid or volunteer? Yes\_\_\_ No\_\_\_

If yes, explain: \_\_\_\_\_

## EDUCATION

LEVEL	SCHOOL NAME AND ADDRESS	YEARS COMPLETED	DIPLOMA/ DEGREE?
Junior High		6 7 8	
High School		9 10 11 12	
College		1 2 3 4	
Graduate/ Professional/ Trade/Business			

High School Equivalency Diploma (GED)?      Date \_\_\_\_\_      Number \_\_\_\_\_

Course of Study in Post-Secondary Education: \_\_\_\_\_

Have you previously been a member of a fire department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

Name of Department: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Chief: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

List all certifications (including First Aid, CPR, EMT with expiration dates), trainings, licenses, special skills, courses of study or any additional information that you feel may be helpful to us in considering your application. Use additional pages if necessary.

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## REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1. \_\_\_\_\_  

Name	Address	Phone	Relationship
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2. \_\_\_\_\_  

Name	Address	Phone	Relationship
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3. \_\_\_\_\_  

Name	Address	Phone	Relationship
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### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name	Address	Phone	Relationship
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## CRIMINAL BACKGROUND

**NOTE: THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF MEMBERSHIP) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT.**

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to, a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

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**Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. Any applicant whose criminal records were erased will be considered to have never been arrested and may so swear under oath.**

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the firefighting duties in question and in light of the requirements of state and federal law.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE TO APPLICANTS REGARDING PRE-MEMBERSHIP DRUG TESTING

*Any individual applying for volunteer membership with the Town of Farmington Fire Department (the "Town") shall submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the Town's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Town, in accordance with the procedures required by applicable state and federal regulations.*

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Town and shall not be disclosed to the employees of the Town, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of membership. Arrangements for testing will be made by a representative of the Town, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for membership with the Town of Farmington Fire Department, you will comply in full with the Town's drug testing policy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**NOTICE OF BACKGROUND CHECK AND  
FAIR CREDIT REPORTING ACT DISCLOSURE**

As part of the interview process, the Town of Farmington may conduct a background check. If you are accepted for membership with the Town of Farmington Fire Department, the Town may also conduct a background check in deciding whether to continue your membership and when making other membership-related decisions directly affecting you. As part of the background check, the Town may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Town obtains a "consumer report" about you, and considers any information in the "consumer report" when making a membership-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes the Town to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your membership. To perform the background check, please provide the following information:

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

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

Any Other Names by Which You Have Been Known? \_\_\_\_\_

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

**PRIVATE AT-WILL MEMBERSHIP DISCLAIMER  
AT-WILL EMPLOYMENT DISCLAIMER  
PRIVATE APPLICANT'S AGREEMENT AND CERTIFICATION  
APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Town of Farmington.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Town. Further, in consideration of my membership as a volunteer firefighter with the Town of Farmington, I agree to conform to the policies and procedures of the Town, as they may from time to time be implemented or revised, and that my membership can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Town or myself.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my membership may result in the withdrawal of a membership offer or termination of membership, whenever the omission or falsehood is discovered.

I understand that acceptance for membership shall depend on satisfactory replies from my references and other background checks. In the event I receive an offer of membership, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence working as a volunteer firefighter.

I have read, understood and agree to the foregoing.

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Signature of Applicant

Date

## **AUTHORIZATION TO COLLECT BACKGROUND INFORMATION**

I have applied for membership as a volunteer firefighter with the Town of Farmington. I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a decision. I authorize representatives of the Town to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my membership as a volunteer firefighter with the Town of Farmington.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Town, and hereby release all persons from liability for any damage that may result from furnishing such information to the Town.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Print Former Name(s): \_\_\_\_\_

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

## MOTOR VEHICLE CHECK

By signing below, I do hereby give my permission and authorization for the Town of Farmington to obtain a copy of my Motor Vehicle Record. The information obtained will be used for company insurance, safety, loss control, job qualification, and/or compliance purposes. If hired, or if currently employed, this release and authorization shall remain in effect during the term of my employment. The Town of Farmington reserves the right to run subsequent Motor Vehicle Reports on an as needed basis.

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Signature

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Date

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Full Name

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Date of Birth

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Driver's License Number

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State of Issue

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Current Resident Address



**Town of Farmington Fire Department**  
Contractual Agreement for Required Years of Service  
For Paid Training  
Volunteer Firefighters & Emergency Medical Technicians

The Town of Farmington Fire Department (Department) wants to ensure that it is staffed by skilled, knowledgeable and experienced volunteer firefighters and emergency medical technicians (EMTs). Therefore, the Department will pay for training required for certification as either a firefighter or an EMT, contingent upon a commitment to remain with the Department for at least three (3) years.

All volunteers are required within two (2) years of their appointment to the Department to become either a Connecticut Certified Fire Fighter I or, subject to the approval of their Fire Chief, instead become a Connecticut Certified Emergency Medical Technician (EMT). The certification is necessary to be eligible to respond to emergencies including, but not limited to, fire suppression, emergency medical care, rescue from entrapments or hazardous environment, and other responses where specific training is necessary.

Volunteers may also take additional training to include, but not limited to, certification courses, seminars, and conferences approved by the Director of Fire & Rescue Services. These courses are designed to provide additional knowledge and skill sets which will result in more professional and trained volunteers throughout the Town of Farmington Fire Department.

The Town of Farmington will reimburse volunteers for all such pre-approved training costs pending available budget funds. In exchange, the volunteer firefighter or emergency medical technician will commit to three (3) years of service to the Department while meeting the minimum requirements required to maintain active status within their assigned fire station. If the volunteer firefighter and/or emergency medical technician lets their required certification lapse, quits, is terminated and/or separates from the Town of Farmington Fire Department, that volunteer will be responsible for reimbursing the Town of Farmington a percentage of costs incurred for all required training that resulted in the attainment of a fire service or EMS certification through the Connecticut Fire Academy, regional fire schools, or an accepted training entity paid for by the Town of Farmington.

1 year of service completed = Responsible for 75% of the training costs

2 years of Service completed = Responsible for 50% of the training costs

3 years of service completed = Responsible for 0% of the training costs



By signing this contract, the undersigned acknowledges that he/she understands, agrees and commits to a term of three (3) years of service with the Department in exchange for the paid training they will receive while acting in the capacity of a volunteer firefighter and/or emergency medical technician with the Town of Farmington Fire Department.

By signing this contract, the undersigned further acknowledges and agrees that if he/she fails to stay the full three (3) years with the Department for any reason, including failing to maintain certification, quitting, termination and/or separation from the Town of Farmington Fire Department, he/she will be financially responsible for reimbursing the Town of Farmington for the percentage of costs incurred for all required and/or requested training during their time as a volunteer firefighter and/or emergency medical technician that resulted in the attainment of a certification with the Town of Farmington Fire Department.

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

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

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

Witness Print Name: \_\_\_\_\_

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

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



## TOWN OF FARMINGTON FIRE DEPARTMENT VOLUNTEER FIRE FIGHTER APPLICANT CHECKLIST

Items 1-9 shall be attached and / or verified by the Fire Company before an application is sent to the Office of the Director of Fire & Rescue Services.

**NAME OF FIRE FIGHTER APPLICANT:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**FIRE STATION:** EF#1/EF#2  F  TH/SW

INITIAL WHEN VERIFIED OR ATTACHED	REQUIREMENT	COMMENTS
<b>FOR VOLUNTEER FIRE COMPANY USE</b>		
	1. 18 years of age or older	
	2. High School Diploma, GED, or 18 years old and in high school	
	3. Valid Connecticut Driver's License	
	4. Farmington resident, lives within 5 miles of the station, or works in Farmington. Include copy of permission to respond to calls during work if applicant only works in town. If applicant is exceeding 5 driving miles, Chief signature of approval for extended area is required. Include details of the reason for the approval in the "Comments" Section.	
	5. Completed application	
	6. Completed Motor Vehicle Release Authorization	
	7. Application approved by the volunteer Fire Company.	
	8. Fire Company will send applicant for fingerprint check	
	9. Application signed and dated by the Fire Chief.	
<b>FOR USE BY DIRECTOR OF FIRE &amp; RESCUE SERVICES</b>		
	10. Background check requests for Motor Vehicle Check, SPBI (Director to sign/Reception to handle	
	11. Application reviewed by the Director of Fire & Rescue Services for items 1-9 and approved for processing by the Town Manager's Office	
<b>FOR TOWN MANAGER'S OFFICE USE</b>		
	12. Background check results received	
	13. Physical Exam and Drug Test scheduled	
	14. Physical Exam results received	
	15. Conditional Appointment Letter sent	

**Town of Farmington Fire Department**  
**Volunteer Fire Fighter Fingerprint Procedure**

1. Read and sign the “FBI Privacy Act Statement” document attached below.
2. Read and sign the “Noncriminal Justice Applicant’s Privacy Rights” document attached below.
3. Visit <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/> to enroll for a fingerprint-based criminal history check and use the following Service Code: D9E6-92B3. Follow prompts and schedule for fingerprinting at soon as possible.

Requesting Entity: \_\_\_\_\_

## FBI Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

***Note: This privacy act statement is located on the back of the FD-258 fingerprint card.***

SIGNATURE	DATE
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**This document must be retained by the Entity.**

# Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: \_\_\_\_\_

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/6/2019

If you need additional information or assistance, please contact:

<p><b>Connecticut Records:</b> <b>Department of Emergency Services and Public Protection State</b> <b>Police Bureau of Identification (SPBI)</b> <b>1111 Country Club Road</b> <b>Middletown, CT 06457</b> <b>860-685-8480</b></p>	<p><b>Out-of-State Records:</b> <b>Agency of Record</b> <b>OR</b> <b>FBI CJIS Division-Summary Request</b> <b>1000 Custer Hollow Road</b> <b>Clarksburg, West Virginia 26306</b></p>
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SIGNATURE	DATE
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**This document must be retained by the Entity.**

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).