

Beacon Hose Company No. 1

35 North Main Street, Beacon Falls, CT 06403

Tel. (203) 729-1470 / Fax (203) 723-2209

www.beaconhose.com

SOCIAL MEMBERSHIP APPLICATION

Beacon Hose Company No. 1 is an equal opportunity employer.

All applicants are considered for positions regardless of race, color, religion, sex orientation, national origin, gender, age, marital or veteran status, ancestry, or disability.

Beacon Hose Company No. 1 will make reasonable accommodations to known physical or mental limitations of a qualified applicant or member with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

Please print clearly and fill out the following information completely.

Application Date _____

Name (last) _____ (first) _____ (middle) _____

Current Street Address _____

Town _____ State _____ Zip Code _____

Telephone (day) _____ (evening) _____ (cell) _____

E-Mail Address _____

Social Security# _____

Are you over 18 years of age? Yes No Date of Birth _____

Were you previously a Member of Beacon Hose Company No. 1? Yes No

If yes, when _____

Notice: An applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Sections 46b-146, 54-76o or 54-142a; criminal records subject to erasure pursuant to these statutes 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 nullified, a criminal charge for which the person has been found not guilty or a conviction for which a person received an absolute pardon. A person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding and may so swear under oath.

Personal References

List below (3) three individuals who know your character, ability, or experience. (Not relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional

Below, list any friends or relatives that are Beacon Hose Company No.1 members

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Specialized Skills, Training, or Qualifications

Summarize any special skills, qualifications, current certifications or licenses.

Please read each statement carefully before signing.

I CERTIFY that all information provided in this social membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my immediate dismissal if discovered at a later date.

I UNDERSTAND that Beacon Hose Company No. 1 may request an investigative consumer report agency, as well as a check of criminal record. I understand that should this application or a criminal record check reveal a conviction of a crime, further processing of this application for my membership, if accepted, may be terminated.

If I am offered social membership, I will, as a condition of membership, be required to submit proof of my identity.

I UNDERSTAND that I will be required to possess a current and valid driver's license if Beacon Hose Company No. 1 requires me to drive any department apparatus.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claims against Beacon Hose Company No. 1 and any outside agency utilized by Beacon Hose Company No. 1 as a result of any information which is obtained in this investigation.

I UNDERSTAND that Company By-Laws, Article #2, Section 8, Social Membership: I cannot hold an elected office, respond to emergency calls, and have no voting rights. I will receive a Social member Badge, a key to the Fire House and a Co0mpany Tee-Shirt. I further understand that I must attend a minimum of ten (10) meetings, company events, fund raisers, and special calls per calendar year or I may removed from the Company rolls.

I UNDERSTAND THAT THIS APPLICATON OR SUBSEQUENT SOCIAL MEMBERSHIP DOES NOT CREATE A CONTRACT OF SOCIAL MEMBERSHIP NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME. IF SOCIAL MEMBERSHIP IS ACCEPTED, I UNDERSTAND THAT I HAVE BEEN ACCEPTED AT THE WILL OF THE DEPARTMENT AND MY MEMBERSHIP MAY BE TERMINATED AT ANYTIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE DEPARTMENT OR MYSELF

Date _____ Signature _____

PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In consideration for employment or promotion within Beacon Hose or affiliates, on our behalf, Employers Reference Source may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Employers Reference Source and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Employers Reference Source to furnish any or all of the above listed information. Your authorization releases Employers Reference Source from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Employers Reference Source the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____

Have you used any other name? Y N If yes, what name did you use? _____

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motorvehicle convictions _____

High School: _____ Year of Graduation: _____

College: _____ Year of Graduation: _____

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.