

Beacon Hose Company No. 1
35 North Main Street, Beacon Falls, CT 06403
Tel. (203) 729-1470 / Fax (203) 723-2209 /
www.beaconhose.com

VOLUNTEER 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 _____

Circle the appropriate type of membership: Fire Fire Police EMS

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.

Is there any reason that you could not adequately perform the essential duties of the job for which you have applied? _____

Have you ever been excluded or debarred from practicing within a federal healthcare program: If yes, list term and reason for exclusion.

Please complete this section

1. Do you have a valid driver's license? Yes No If yes, please list state, number, expiration date, and type/endorsement _____
2. Have you ever been cited for any moving violations in the last three years? Yes No
3. Have you had any accidents in the last three years? Yes No
- 4: Has your driver's license ever been suspended, revoked, denied or canceled? Yes No

*Please explain all "Yes" answers below (other than # 1)

Have you ever been convicted of any crime? (Include any finding or plea of guilt, deferral, no contest or no contender. Exclude minor traffic offense) () yes () no. If yes, give all dates, places, charges, and disposition. Conviction will not necessarily bar you from membership consideration.

Affirmative Action Questionnaire

Instructions: The following information is needed for compliance with governmental selection requirements and for EEO reports. It will be detached when your application is filed and the information on it will not be considered in the membership process.

THE CIVIL RIGHTS ACT OF 1964 prohibits discrimination in membership because of race, color, religion, sex or national origin. It is also unlawful to discriminate because of age, sexual orientation or disabilities. Beacon Hose Company No. 1 does not discriminate against qualified applicants with a disability or disabilities, and will make reasonable accommodations for disabilities when they will not impose undue hardship. Much of the information requested below is for STATISTICAL PURPOSES ONLY. The completion of this form for Affirmative Action is voluntary on your part.

Ethnic Racial Status (please circle one)

White Hispanic Asian Black Native America

Other _____

Sex (please circle one)

Male Female Date of Birth _____

Last Name, First Name _____

Current Address _____

City _____ State _____ Zip Code _____

I certify that the above information is true and correct.

Applicant's Signature _____ Date _____

The above applicant is, hereby recommended for probation by _____

Date _____ Signature _____

Employment Experience

Complete the section below beginning with your present or most recent job. List all employers for the past 10 years. Identify any part-time employment. Use an additional sheet of plain paper if more space is needed.

Employer _____
Address _____
City, State, Zip Code _____
Name of Supervisor _____ Phone _____
Month/Year Employed (from) _____ (to) _____
Position Title _____
Responsibilities _____
Reason for Leaving _____

Employer _____
Address _____
City, State, Zip Code _____
Name of Supervisor _____ Phone _____
Month/Year Employed (from) _____ (to) _____
Position Title _____
Responsibilities _____
Reason for Leaving _____

Employer _____
Address _____
City, State, Zip Code _____
Name of Supervisor _____ Phone _____
Month/Year Employed (from) _____ (to) _____
Position Title _____
Responsibilities _____
Reason for Leaving _____

May we contact the employers listed above? Yes ___ No ___ If no, indicate which: _____

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 _____

Military Service Record

(Provide copy of your DD-214, if applicable)

Branch of Service _____

Dates of Duty: (From) _____ (To) _____

Rank at Discharge _____

List duties in the service, including special training

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 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 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.

This application is submitted with the understanding that upon acceptance of a formal membership offer, I will be required to successfully pass Beacon Hose Company No. 1's Fire and/or EMS testing and training, which will include a drug and alcohol screen. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT MEMBERSHIP DOES NOT CREATE A CONTRACT OF MEMBERSHIP NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME. IF 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 _____

In connection with my application for membership or promotion, I acknowledge that Beacon Hose Company No.1 may now, or at any time that I am a member the department, verify information within my membership application, resume or contract for membership. In the event that information from a report subject to the Fair Credit Reporting Act is utilized in whole or in part in making an adverse decision, I understand that before making the adverse decision, Beacon Hose Company No. 1 will provide to me a copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq.

I also understand and acknowledge that Beacon Hose Company No. 1 may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting my present and previous employers or references supplied by me, and various federal, state and other agencies, including public and private sources which maintain records concerning past activities. Including, but not limited to, driving records, criminal records, civil actions, previous employment, educational background, and professional licensing. I understand and acknowledge that I have the right to request, in writing, within a reasonable time, that Beacon Hose Company No. 1 make a complete and accurate disclosure of the nature and scope of the information requested. I acknowledge and agree that a telephonic facsimile or copy of this release shall be as valid as the original.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to Beacon Hose Company No.1 or any of its affiliates or carriers, or Beacon Hose Company No.1's designated agent for making such inquiries. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my membership.

Application Date _____

Applicant's Name (Printed) _____

Applicant's Signature _____

Date of Birth _____

Name of High School and Dates Attended _____

Name of College and Dates Attended _____

Name of Graduate School and Dates Attended _____

Not including current address, list previous addressed for the past (7) seven years.

Street	City	State	Zip	Country
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Street	City	State	Zip	Country
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Street	City	State	Zip	Country
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