



BEACON HOSE

COMPANY NO. 1



35 NORTH MAIN STREET, BEACON FALLS, CT 06403
P: 203-729-1470 • F: 203-723-2209 • 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, sexual orientation, national origin, gender, age, ethnicity, marital status, military service, ancestry, or disability. Beacon Hose 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 and truthfully. Alternatively, you may fill out an online application, which can be found at www.beaconhose.com/join.

SECTION 1: BASIC INFORMATION

Application Date: _____

Name (First and Last): _____

Current Street Address (Address, Town, State, ZIP): _____

Cellphone Number: _____ Alternative Phone: _____

Email Address: _____ Date of Birth: _____

What type of membership are you seeking? (Circle all that apply.)

Fire

EMS

Fire Police

Social

Junior Fire

Junior EMS

If you were previously a member of Beacon Hose, when were you active? _____

Below: For Membership Committee use only. Applicants can continue to Page 2.



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SECTION 2: LEGAL INFORMATION

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 of the Connecticut General Statutes; 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 why you could not adequately perform the essential duties of the job for which you have applied? (If yes, briefly explain.)

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

Do you have a valid driver’s license? Yes No

Have you been cited for any moving violations in the last three years? Yes No

Have you had any accidents in the last three years? Yes No

Has your driver’s license ever been suspended, revoked, denied, or canceled? Yes No

If you answered “yes” to any of the above three questions, please briefly explain.

Have you ever been convicted of any crime? (Include any finding or plea of guilt, deferral, no contest, or no contender. Exclude minor traffic offenses.) Yes No

If you answered “yes” above, please list all dates, places, charges, and dispositions. (Conviction will not necessarily bar you from membership consideration.)

Have you lived at any other addresses in the past seven years? If “yes,” list below. Yes No



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SECTION 3: EMPLOYMENT AND EDUCATION EXPERIENCE

Complete this section beginning with your present or most recent job. List as many as your three most recent employers.

Employer 1: _____

Address: _____

Supervisor Name: _____ Phone or Email: _____

Employment Dates: _____ Position Title: _____

Responsibilities: _____

Reason for Leaving: _____

Employer 2: _____

Address: _____

Supervisor Name: _____ Phone or Email: _____

Employment Dates: _____ Position Title: _____

Responsibilities: _____

Reason for Leaving: _____

Employer 3: _____

Address: _____

Supervisor Name: _____ Phone or Email: _____

Employment Dates: _____ Position Title: _____

Responsibilities: _____

Reason for Leaving: _____



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May we contact the employers listed in your employment experience? Yes No

If you answered "no" to the question above, identify which one(s).

EDUCATION EXPERIENCE (FOR APPLICANTS 18 AND OLDER)

Name of High School: _____

Dates Attended: _____ Did you graduate? Yes No

Name of College: _____

Dates Attended: _____ Did you graduate? Yes No

EDUCATION EXPERIENCE (FOR JUNIOR CORPS APPLICANTS)

Name of High School: _____

Year in School: _____ Dates Attended: _____

Principal Name and Email: _____

Reference Name and Email: _____
(Please choose a teacher or guidance counselor who can serve as a reference for you.)

EDUCATION EXPERIENCE (FOR ALL APPLICANTS)

If you have any other education experience or classes that you would like to mention, please list it below.



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SECTION 4: REFERENCES AND SKILLS

Please complete the following questions to provide a better idea of your qualifications to join Beacon Hose.

Please list the names and contact information for THREE individuals who can serve as personal references -- they should not be relatives and should be able to speak for your character, ability, and/or experience.

Reference 1 Name/Title: _____

Phone Number/Email Address: _____

Reference 2 Name/Title: _____

Phone Number/Email Address: _____

Reference 3 Name/Title: _____

Phone Number/Email Address: _____

If any of your relatives and/or friends are Beacon Hose members, you may list their names and your relationship to them below.

Are you a member of the military or a veteran? (If yes, please list your branch of service, your dates of duty, your rank at discharge or current rank, and any duties or special training you received.)

Please summarize any special skills, qualifications, current certifications, or licenses that may benefit your work at Beacon Hose. (Fire/medical/emergency certifications, equipment qualifications, etc.)



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SECTION 5: AFFIRMATIVE ACTION QUESTIONNAIRE

The following information is needed for compliance with governmental selection requirements and for EEO reports. The information contained 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 these affirmative action questions is voluntary..

Ethnic/Racial Status (Circle all that apply.)

White

Black

Hispanic

Asian

Native American

Other

Sex (Circle one.)

Male

Female

Other

SECTION 6: TERMS OF APPLICATION AND VERIFICATION

Please read each statement carefully before verifying your completion of this application below.

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 from Beacon Hose Co. No. 1 if discovered at a later date.

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

I WILL, if I am offered membership, agree to submit proof of my identity as a condition of membership.

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 (except as previously noted), and/or organization 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 Co. No. 1 and any outside agency utilized by Beacon Hose Co. No. 1 as a result of any information which is obtained in this investigation.

I ACKNOWLEDGE that Beacon Hose Co. No. 1, in connection with my application for membership, may now, or at any time during which I am a member of the department, verify information within my membership application and/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 Co. 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.



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I UNDERSTAND and acknowledge that Beacon Hose Co. No. 1 may also obtain an investigative consumer report including information as to my character, general reputation, personal characteristics, education, professional licensing, abilities, work habits, consumer credit history, criminal history, driving history, immigration status, residency, mode of living, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination from your past employment. This information may be obtained by contacting my present and previous employers and/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 Co. 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. In compliance with the Americans With Disabilities Act, only after a contingent offer of membership is offered may your workers' compensation history be investigated for the purpose of making certain that you are not assigned to a job function that could aggravate a previous injury. Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq., is available at the Federal Trade Commission's website.

I 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 Co. No. 1 and/or any of its affiliates, carriers, and/or designated agents 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.

I UNDERSTAND that subsequent steps of the membership application process will require me to pass a physical examination, including a drug and alcohol screening, by an agency authorized by Beacon Hose Co. No. 1. 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 I will be required to possess a current and valid driver's license if Beacon Hose Co. No. 1 requires me to drive any department apparatus.

I UNDERSTAND that this application, subsequent steps of the membership application process, and/or subsequent membership to Beacon Hose Co. No. 1 do not create a contract of membership, not 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 will be required to follow the department's by-laws and standard operating guidelines to maintain membership. I understand that my membership may be terminated at any time, with or without cause, and with or without notice, at my option or at the option of the department.

I UNDERSTAND that this membership application is voluntary, and I acknowledge that I may opt out of subsequent steps of the membership application process at any time. I understand that, if I choose to continue with the membership application process after attending a prospective members orientation, I will be expected to complete and sign an authorization form consenting to an investigative background check report before any such report is commissioned. This authorization form will require information including, but not limited to, my social security number and signature. Failure to complete and sign that authorization form will result in the membership application process being terminated.

I HEREBY VALIDATE, AGREE, AND AUTHORIZE, by signing below, that I have read the above statements and consent to the agreements outlined in the above statements.

Print Name: _____

Signature: _____ Date: _____