



## Application for Active Membership

Please read the following instructions when completing your application. Completing each step prior to submitting your application will prevent delays and allow it to be processed more quickly. Should you have any questions regarding the instructions or the application, you may contact the Fire Chief at (860) 564-2932

1. Read and understand the application.
2. Complete all sections. If there is a field that does not apply, mark it with N/A.
3. Have two Moosup Fire Department members sign the sponsor section on page 6.
4. Sign the authorization to obtain information on page 7.
5. Sign the acknowledgement on page 8.
6. Have the application notarized by a Notary Public on page 8.
7. Submit the completed Application for membership to the Moosup Fire Department. Please enclose \$3.00 dollars with the application.
8. You will be contacted once you have been accepted as a probationary member to discuss and review the Bylaws, Standard Operating Guidelines (SOG's), and normal fire dept policies and procedures.

## General Application Information

Welcome!

We wish to welcome you as a future member of the Moosup Fire Department.

Any reference to MFD in this application refers to the Moosup Fire Department.

The Moosup Fire Department is made up of persons, eighteen (18), who have maintained a permanent residence within the boundaries of the Moosup Fire District for 6 months or more and are willing to give some part of themselves to their community and working with a team of trained people.

You will be contacted by a member of the Membership Committee and will be scheduled for an interview. Once your application has been accepted at a regular company meeting, you will be placed on probation for 1 year. Once you have completed 1 year of probation, **and** you have met all the requirements of a probationary member as outlined in the SOG's and department bylaws you will be promoted to full member status and receive your badge. You will not be issued a "blue light" permit until you become a regular member.

The Moosup Fire Department is an Equal Opportunity Employer. Except in cases of a bona fide occupational qualification or need, The MFD complies with all applicable Federal and state laws that prohibit discrimination against applicants for employment on the basis of race, color, religious creed, age, sex, sexual orientation, marital status, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability, including but not limited to blindness.

If your application is accepted, you must enroll in or show proof of having being a certified Firefighter Fighter I, Medical Response Technician, or higher. Fire police applicants have no prior training requirements. This training must be completed prior to your probationary period ending.

Today's Date \_\_\_\_\_

## Personal Information

GENERAL INSTRUCTIONS: Please respond to every question on the application form, but do not include extraneous or non-responsive information. If a question does not apply to you, please write "N/A" in the space provided. If you need more space to respond to a question, please attach a separate sheet, preceding each answer with the question you are answering.

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

If there is any other name(s) by which you have been known which the Moosup Fire Department should be aware of in order to verify your background, please provide such names(s).

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than Street Address)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ Class Type: \_\_\_\_\_ State: \_\_\_\_\_

Have you applied to become a member previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a past member of the Moosup Volunteer Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

## Experience

Please list any special skill(s), certification(s), license(s) or similar credentials you have that would be of benefit to the MFD.

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

Have you been a member of another fire department? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please complete the following:

Department: \_\_\_\_\_

Chiefs Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Employment Information

Please provide the following information for the past three jobs that you have held, beginning with the most recent:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title and responsibilities: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title and responsibilities: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title and Responsibilities: \_\_\_\_\_

## Military Service

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please characterize the nature of your discharge; i.e. Honorable, General, Other than Honorable, etc.

\_\_\_\_\_

Please list any specialized training you received in the Armed Forces that would benefit the Moosup Fire Department.

\_\_\_\_\_

\_\_\_\_\_

# Criminal Record

A history of criminal convictions(s) will not necessarily disqualify you of membership, and factors such as age and time of the offense, seriousness and nature of the offense and rehabilitation will be taken into account.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered.

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Have you ever been convicted of a misdemeanor, driving under the influence, simple assault, speeding, minor traffic violations, or disturbing the peace within the last five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered

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Have you had any motor vehicle accidents or been convicted more than once for any motor vehicle violations within the past five (5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe the number of convictions, the specific offense(s) for which you were convicted, how many years ago the convictions were entered

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## Additional Information

Why do you want to join the Moosup Fire Department?

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Please provide us with any addition information about yourself, your experience or employment that you feel reflects upon your ability to perform the duties for which you plan on participating with at the MFD.

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# References

One condition of acceptance of your application by the Moosup Fire Department, is that you must have two sponsors from the MFD sign your application.

Please have those members sign and date below,

1. \_\_\_\_\_ Date: \_\_\_\_\_  
(Print member name) (Signature of member)

2. \_\_\_\_\_ Date: \_\_\_\_\_  
(Print member name) (Signature of member)

Please provide the names of three (3) personal references, other than family members, who have known you for at least three (3) years:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

## **Authorization to Obtain Information**

I hereby authorize and voluntarily release the Moosup Fire Department to conduct any necessary inquiries and collect any necessary information as to my background, character, reputation and ability to perform my duties at the MFD. The inquiries may include, but are not limited to a review of my past membership in other fire departments, a criminal and motor vehicle conviction history check, and an interview of my personal references. I hereby release and agree to hold harmless from liability any person or organization who supplies the MFD with information about my background or criminal and motor vehicle history. I also agree to hold harmless the MFD and the officers and members thereof.

I have read and understand the above. \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants Signature)

# Acknowledgment

I have answered all of the questions in this application to the best of my ability. I hereby certify that there are no omissions of any kind, and any misrepresentations or falsifications and that the above answers are true and accurate and have been made in good faith. I understand and acknowledge that any omission I have made or misrepresentation or falsification may be grounds to discontinue further consideration of my application or for immediate termination of my membership if already accepted.

I understand and acknowledge that membership is on an at-will basis and the Moosup Fire Department and I shall be free to end the membership at any time for any reason should I become a member of the Moosup Fire Department.

I understand and acknowledge that I will be required to comply with all rules and regulations as set forth in the Moosup Fire Department Bylaws, the Standard Operating Guidelines (SOG's), and all communications distributed to all members and as the same may from time to time be amended.

I understand and acknowledge that I will be required to attend training courses prescribed by the Moosup Fire Department and maintain any required certifications related to my position with MFD, and that failure to complete the prescribed training may be grounds for termination of my membership. I also understand and acknowledge that my assignments may require me to be absent from my home during an emergency and am willing to accept such assignments. I further understand that I will be required to pass a physical examination prior to participating in any activities of the Moosup Fire Department.

In signing this application, I have read and understand the above.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Applicants Signature)

Personally appeared before me, the Applicant subscribes and swears to the truth of the above information. This application consists of eight (8) pages.

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_