

**Peacham Volunteer Fire Department**  
**PO Box 112, Peacham VT 05862-0112**  
**802-592-3392**

**MEMBERSHIP APPLICATION**

We are an Equal Opportunity Organization. We consider applicants for membership without regard to race, color, creed, religion, sex, national origin, a marital or veteran status, the presence of a non-job-related medical condition or handicap, and any other legally protected status. It is our policy to abide by Federal, State, and local laws concerning discrimination. No question in this application is intended to elicit information in violation of any such law. No information obtained in response to any question will be used in violation of any such law.

**PERSONAL INFORMATION**

Last Name		First	Middle	Date of Application
Street Address				Home Phone ( )
City, State, Zip				Work Phone ( )
Certification Level: <input type="checkbox"/> None <input type="checkbox"/> FF1 <input type="checkbox"/> FF2 <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> HAZ-MAT				Social Security No.
CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred By:			Driver's License No. & State
In case of emergency notify:				Phone:

Parental Permission: I understand that firefighting is an inherently dangerous profession. As parent or legal guardian I have reviewed the personnel policies and I give my permission for my son/daughter to serve as a Junior Firefighter with the Peacham Volunteer Fire Department.  
 \_\_\_\_\_ (signature) \_\_\_\_\_ (date)

EDUCATION AND TRAINING					
LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER EDUCATION OR TRAINING				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other relevant education, training, special skills or certificates/licenses that you possess:

WORK & FIRE FIGHTER/EMS EXPERIENCE					
Name & Address	From	To	Position	Supervisor	Reason for Leaving

This Side of the Application will be Duplicated for Review by the Entire Membership of the Department.

**ADDITIONAL EMPLOYMENT - RELATED INFORMATION**

Are you over 16 years of age?

Are you over 18 years of age?

Are you over 21 years of age?

Yes  No

Yes  No

Yes  No

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?  Yes  No  
If "yes", please describe in detail:

**MOTOR VEHICLE HISTORY (Submit Copy of Current License)**

Do you have any motor vehicle convictions? If Yes, describe in the spaces below:  Yes  No

Have you ever been convicted of DWI? If Yes, describe outcome in spaces below:  Yes  No

Date	Nature of Offense?	Location (State)	Ticketed?	Points/Outcor

Has your license to operate a motor vehicle ever been revoked or placed under suspension?  Yes  No  
If Yes, please state the dates and reasons:

**HEALTH**

Are there any circumstances that may affect your ability to perform job-related tasks in a safe manner?  Yes  No  
If Yes, please describe:

Please circle any of the conditions below that you suffer from or have had in the past:  
 Seizures Disorders    Respiratory Conditions    Visual Problems/Corrective Lenses    Back Problems/Surgeries    Heart Conditions  
 Drug or Alcohol Abuse    Psychiatric or Mental Disorders    Hearing Impairments    Physical Impairments    Hernia  
 If circled, please explain:

**REFERENCES**

Please give the names of three people not related to you, nor former employers, whom you have known for at least one year.

Name	Address	Phone	Relationship	Years Know

**APPLICANT'S CERTIFICATION - Please read carefully before Signing.**

I certify that all information provided by me is true to the best to my knowledge. If offered membership, I understand that membership contingent upon verification of the above information, and my ability to perform the job. I authorize investigation of all statements contain in this application. All information given above and researched will be held strictly confidential.

Applicant's Signature

Date

**FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Motor Vehicle Record Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Certification Verified: Date: \_\_\_\_\_

Background checked by: \_\_\_\_\_ Date: \_\_\_\_\_

- Card Attached
- EMS Office Contacted
- Vermont Training Council Contacted

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

References Checked by: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

Accept     Reject (Attach reasons)    Date: \_\_\_\_\_

Position Assigned to: \_\_\_\_\_

This Side of the Application will be reviewed by the Executive Committee of the Department Only.