



## INTRODUCTION

Thank you for your interest in joining the Southington Fire Department. Your first step in joining the department is to complete an application and return it to the Fire Chief's Office, located at 310 North Main Street, Southington. Five days after handing in your application call the department at **(860) 621-3202 x 8133** to set an interview and initial weigh-in with the Assistant Fire Chief. The height and weight requirements are as follows:

### MALES:

5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"
170	175	180	185	190	195	200	205	210	215	220

### FEMALES:

5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"
140	145	150	155	160	165	170	175	180	185	190

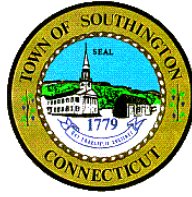
Maximum body weights for heights not listed above shall be extrapolated from the schedule at five (5) pounds per inch of height. Firefighters not in compliance with any of the above height and weight restrictions will be considered in compliance if their body fat content does not exceed twenty percent (20%).

### Entry Process:

1. Drop off completed application to Fire Headquarters
2. Five business days after submitting application call Fire Headquarters to schedule an interview and initial weigh-in with the Assistant Fire Chief if you meet the requirements of the Southington Fire Department's Rules and Regulations. All requirements must be met to continue the entry process.
3. Attend a meeting with the officers of your assigned company
4. A packet will be mailed out to you with instructions to complete a physical within two weeks
5. A letter will be sent you of the outcome of your physical and your status membership
6. If approved you will begin your training in the next available probationary firefighter class

During your interview, you will be informed of all the benefits available to a Southington volunteer firefighter including:

- Full physical that meets OSHA Firefighter standards
- Pension Plan
- Yearly tax abatement reimbursement up to \$1,000
- Fitness reimbursement up to the cost of a YMCA membership
- Town of Southington health insurance at COBRA rate
- Professional firefighter training
- Life insurance coverage 24/7
- Additional on duty life insurance



## SOUTHINGTON FIRE DEPARTMENT VOLUNTEER APPLICATION

The Southington Fire Department is dedicated to a policy of nondiscrimination in employment and volunteer membership on any basis prohibited by law. Volunteer membership in the Southington Fire Department is available without regard to race, color, religion, creed, gender, national origin, marital status, veteran status, or sexual orientation.

Please print clearly and answer all sections.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### **MOTOR VEHICLE OPERATOR'S LICENSE:**

DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ CLASS \_\_\_\_\_

LICENSE #: \_\_\_\_\_

**A COPY OF YOUR DRIVERS LICENSE IS NEEDED AT THE TIME OF APPLICATION.**

### **MILITARY RECORD AND STATUS:**

HAVE YOU SERVED IN THE MILITARY? YES \_\_\_\_\_ NO \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_ DATES SERVED: \_\_\_\_\_ TO \_\_\_\_\_

TYPE OF DUTY \_\_\_\_\_ SPECIAL TRAINING RECEIVED \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

DO YOU HAVE ANY MILITARY OBLIGATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION AND TRAINING**

**RECORD OF EDUCATION**

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	HIGHEST GRADE COMPLETED	DID YOU GRADUATE	LIST DIPLOMA DEGREE
High				yes/no	
College				yes/no	
Other (Specify)				yes/no	

LIST ANY OTHER EDUCATIONAL QUALIFICATIONS, SPECIAL QUALIFICATIONS AND SKILLS, LICENSES OR CERTIFICATIONS NOT INDICATED ABOVE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**EMPLOYMENT RECORD**

*LIST YOUR LAST FIVE YEARS OF EXPERIENCE, MOST RECENT FIRST.*

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_

FULL TIME/PART TIME (PLEASE CIRCLE)

REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_

FULL TIME/PART TIME (PLEASE CIRCLE)

REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_

FULL TIME/PART TIME (PLEASE CIRCLE)

REASON FOR LEAVING: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_

FULL TIME/PART TIME (PLEASE CIRCLE)

REASON FOR LEAVING: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES OF EMPLOYMENT \_\_\_\_\_ TO \_\_\_\_\_

FULL TIME/PART TIME (PLEASE CIRCLE)

REASON FOR LEAVING: \_\_\_\_\_

HAVE YOU EVER BEEN DENIED MEMBERSHIP TO AN EMERGENCY SERVICE, EITHER PAID OR VOLUNTEER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BELONGED TO A FIRE/EMS ORGANIZATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN: \_\_\_\_\_

DEPARTMENT/AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FULL, PART TIME, OR VOLUNTEER

JOB TITLE: \_\_\_\_\_ IMMEDIATE SUPERVISOR: \_\_\_\_\_

DATES OF PARTICIPATION: \_\_\_\_\_ TO \_\_\_\_\_

DESCRIPTION OF DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ARE YOU WILLING TO HAVE YOUR PRESENT EMPLOYER CONTACTED REGARDING YOUR QUALIFICATIONS AND WORK PERFORMANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

**REFERENCES:**

PLEASE PROVIDE THREE (3) PERSONS, OTHER THAN RELATIVES, WHO ARE FAMILIAR WITH YOUR CHARACTER, JOB QUALIFICATIONS AND WORK PERFORMANCE TO PROVIDE INFORMATION ABOUT YOU (BE SURE TO INCLUDE COMPLETE ADDRESS AND PHONE NUMBERS OF REFERENCES).

PERSONAL REFERENCES – (No Relatives)		
NAME AND OCCUPATION	ADDRESS	PHONE NO.
1. _____	_____	( ) _____
2. _____	_____	( ) _____
3. _____	_____	( ) _____

## **CERTIFICATION**

- A. I certify that there are no misrepresentations, omissions or falsification in the foregoing statements and answers, and that the entries above made by me are true, complete, and correct to the best of my knowledge and belief. I understand the non-compliance with this certification will result in rejection of my application or, if I am already a volunteer, immediate discharge from the Southington Fire Department.
  
- B. Failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.

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(Signature)

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(Date)

## **NOTICE TO APPLICANTS REGARDING PRE-MEMBERSHIP DRUG TESTING**

Any individual applying for volunteer membership with the Southington Fire Department shall submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the Southington Fire Department's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Southington Fire Department, in accordance with the procedures required by applicable state and federal regulations.

All test results shall be considered confidential by the Southington Fire Department and shall not be disclosed to the employees of the Southington Fire Department, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of membership.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for membership with the Southington Fire Department, you will comply in full with the Southington Fire Department's drug testing policy.

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(Signature)

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(Date)

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**SOUTHINGTON BACKGROUND CHECK**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to the Southington Fire Department, or Southington Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, employment and pre employment records, including background reports, complaints or grievances filed by or against me, records of complaints, arrest, trial and/or conviction of alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

It is the intent of this authorization to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Southington Fire Department to consider in determining my suitability for employment with the Town. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Southington Fire Department.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: \_\_\_\_\_

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

\_\_\_\_\_

DOB: \_\_\_\_\_

SS #: \_\_\_\_\_

Date: \_\_\_\_\_