



Brooklin Volunteer Fire Company

SOG 17: Membership Application

Full Name:	First	Middle	Last
Mailing Address:	PO Box or Street	Town	State & Zip Code
Physical Address: if different from mailing address	Street	Town	State & Zip Code
How long have you lived at this address?	Years		
Phone Numbers:	Home	Work	Mobile
Driver's License:	Number	State	Exp. Date

Are you legally eligible to work in the United States? _____
Yes No

Are you under the age of 18? _____
Yes No

If yes, Date of Birth: _____

Do you have any health issues that you would like the Brooklin Fire Department to know about? _____
Yes No

If yes, would you like to discuss them in complete confidence with the Department Physician? _____
Yes No

Would you like to discuss them in confidence with another Department Officer? _____
Yes No

If hired, are you willing to have a physical exam completed by the Department Physician? This exam would be confidential and paid for by the department. _____
Yes No

Are you vaccinated against hepatitis B? _____
Yes No

If yes, can you provide the department with a record of vaccination? _____
Yes No

Are you able to respond to calls when working? _____
Yes No



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Please check off the Brooklin Fire Department jobs that interest you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Firefighter - Structure Fires | <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Pump Operator |
| <input type="checkbox"/> Firefighter - Outdoor Fires | <input type="checkbox"/> Vehicle Extrication (Jaws of Life) | <input type="checkbox"/> Truck Driver |
| <input type="checkbox"/> Incident Helper | <input type="checkbox"/> Motor Vehicle Accident Responder | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> Dispatcher | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Grant Writer |

With proper training, would you be able to perform the essential functions of those jobs that you checked?

Yes No

Can you be at the Brooklin Fire Station most Tuesday nights from 6:00 to 8:00?

Yes No

Have you ever been a member of a fire department, rescue squad or similar organization?

If yes:

Yes No

Organization Name

Organization Town, State

Organization Contact Person

Contact Person's Phone Number

Years of Service: _____ _____
 From To

Are you Interior Attack Qualified?

Yes No

Are you FF1 level trained?

Yes No

Are you FF2 level trained?

Yes No

Can you provide your training records?

Yes No

How did you hear about the Brooklin Fire Department?

Why do you wish to join the Brooklin Fire Department?



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What can the Brooklin Fire Department Gain from your membership?

What do you expect to gain from your membership?

Work History:

Beginning with your present or most recent job, list employment held for the past five (5) years, including full time, part time, temporary and seasonal employment.

Include all periods of unemployment. Use the back page of this application and/or attach extra pages if necessary. Please indicate if you feel your present job would be in jeopardy if inquiries are made.

Dates:

_____ From _____ To _____

_____	_____
Employer Name	Job Title
_____	_____
Address	Supervisor
_____	_____
Phone Number	Reason for Leaving

Dates:

_____ From _____ To _____

_____	_____
Employer Name	Job Title
_____	_____
Address	Supervisor
_____	_____
Phone Number	Reason for Leaving



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Dates: _____
From To

_____ Employer Name	_____ Job Title
_____ Address	_____ Supervisor
_____ Phone Number	_____ Reason for Leaving

Dates: _____
From To

_____ Employer Name	_____ Job Title
_____ Address	_____ Supervisor
_____ Phone Number	_____ Reason for Leaving

Education History:

Did you graduate high school? _____
Yes No

If no, do you have your GED? _____
Yes No

If no, highest grade completed _____
grade

High School:

_____ Name of School	_____ Location (Town and State)
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Did you attend any school after high school? _____
Yes No

If yes, list all schools below:

Technical School/College/University: _____
Degree

_____ Name of School	_____
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Location (Town and State)

Technical School/College/University:

Degree

Name of School

Location (Town and State)

Technical School/College/University:

Degree

Name of School

Location (Town and State)

Technical School/College/University:

Degree

Name of School

Location (Town and State)

References:

List three (3) people who are not related to you by blood or marriage and are familiar with your education or work experience:

Name of Referenced Person

Phone Number

Name of Referenced Person

Phone Number

Name of Referenced Person

Phone Number

May we contact your employers and references?

Yes

No

Background:

Have you ever been disciplined, discharged and asked to resign from a prior position?

Yes

No

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?

Yes

No



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Has your contract in a prior position ever been non-renewed?

Yes No

Have you ever been charged or investigated for sexual abuse or harassment of another person?

Yes No

Have you ever been convicted of a crime other than a minor traffic offense?

Yes No

Have you ever entered a plea of guilty or no contest (nolo contendere) to any crime other than a minor traffic offense?

Yes No

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, court cost and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime other than a minor traffic offense?

Yes No

If you answered Yes to any of the previous questions, provide full details below, including, with respect to court actions, the date, offense in question and address of the court involved. Use the back page of this application and/or attach additional sheets if necessary. Conviction or disposition of a crime is not an automatic bar to employment.

Use the **last** page if necessary for additional space

My signature on this application constitutes authorization to check my personal history, including without limitation, all employment, criminal arrest and conviction records, references and release of any investigative information possessed by any state, local or federal agency.

I further authorize those persons, agencies or entities that the Brooklin Fire Department and the Town of Brooklin contact in connection with my employment application to fully provide the Brooklin Fire Department and the Town of Brooklin with any information on the matters set forth above.

I expressly waive in connection with any request for or provision of such information any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the the Brooklin Fire Department and the Town of Brooklin, its agents and officials, or against any provider of such information.



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I understand that information submitted in and with this application may be disclosed to the Board of Directors of the Brooklin Volunteer Fire Company and officials with the Town of Brooklin. I give my consent to this disclosure.

I also understand that employment cannot be finalized until I have completed requirements for complete background checks.

Signature

Date

Print Name

All application materials become the property of the Brooklin Fire Department. None will be returned. Providing any false or misleading information on this membership application or membership screening process shall be fully sufficient grounds to refuse to accept applicant or, if the applicant has been accepted, to immediately dismiss the applicant/member.

OPTIONAL HEPATITIS B VACCINE DECLINATION

The Brooklin Volunteer Fire Company requires that all members either obtain a Hepatitis B Vaccination (offered at fire dept expense) or sign the declination below.

The Company strongly encourages all members to get the vaccination as recommended by OSHA and other health policy organizations. If, however, you have equally strong reservations about being vaccinated, you must carefully read and sign the statement below.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: (Applicant Name) _____ Date: _____

Enter additional comments and/or explanations on the last page



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Enter additional comments below: