



Turn of River Fire Department

268 Turn of River Rd
Stamford, CT 06905

Phone: (203) 322-0943 • Fax: (203) 322-8367

To whom it may concern:

Attached is my application for membership with the Turn of River Fire Department (TRFD). I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration for membership.

I certify that I have fully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way.

I certify that I am at least seventeen (17) years of age, a citizen or legal resident of the United States, a resident of Stamford or employed in Stamford at least 40 hours per week, and have a valid social security number.

By signing this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to TRFD. I also consent to the interview of any references provided herein, and to any background investigation needed by any Police organization or TRFD. I understand that I am subject to an agility test, a physical examination, and drug screening.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to immediate dismissal from the Turn of River Fire Department without recourse.

Applicant's Signature

Date of Application

TURN OF RIVER FIRE DEPARTMENT

Application for Membership

Please PRINT all information in block capital letters

Personal Information

Last Name:	First Name:	Middle Name:
Current Address:		Sex: M F
Home Phone: ()	Work #: ()	Cell #: ()
Alt Phone: ()	Email Address:	

Military Service

Have you ever served in the Armed Services? Yes No If "yes", branch: _____

Dates of Service: From / / to / / Type of Discharge: _____

Current Employment

Present Employer:	Supervisor's Name:	Phone #: ()
Work Address:		Position Held:
		Length of Employment:
Work Schedule (circle one):		Shift Length (circle one):
Straight Days	Straight Nights	8 Hr 12 Hr
Straight Evenings	Other	10 Hr 24 Hr

Application Certification

Candidate proposed by the following Turn of River firefighters (must hold rank of First Grade):

Signature: _____ PRINT last name: _____

Signature: _____ PRINT last name: _____

Signature: _____ PRINT last name: _____

Membership Status Applied For: Active Associate Honorary Probationary Junior

Fee Received: \$

F.D. Secretary:

Background Information

Do you have charges pending or have you admitted guilt or been found guilty including deferred adjunction of committing any felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI/DUI) **YES** **NO**

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense(s), the name and location of the court, and the disposition of the case:

Education

Institution Name	State	From	Until	Graduate?
High School				
College				
College				
If you did not graduate from high school, did you obtain a GED?			YES	NO

If yes, in what state did you receive your GED? _____

Fire Fighting Experience and Training

Have you previously been a member of one or more Fire Departments?		Yes	No
Fire Department	Address	From	Until
Have you attended any fire fighting schools previously?		Yes	No

If "Yes", include copies of any certifications you have received with this application.

References

Have you applied for membership with the Turn of River Fire Department previously?	Yes	No
Are you currently a member of another fire department?	Yes	No
List any members of the Turn of River Fire Department with whom you are acquainted:		
List 3 references, other than relatives and any named above:		
Name	Address	Phone
		()
		()
		()

Emergency Contact Information

Name	Phone ()	Relationship
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Why do you want to be a Fire Fighter?

Statement of Veracity

Read your answers carefully and read the statement below before signing:

I represent and warrant that the information I have given is complete and true to the best of my knowledge and belief. I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully. I understand that failure to answer all questions completely and truthfully will subject me to dismissal from the Turn of River Fire Department.

Applicant's Signature:	Date:
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Drop application off at:	Turn of River FD Station #1: 268 Turn of River Rd Stamford, CT 06905
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If applicant is under 18 years of age:

Guardian Signature:	Print Name:	Date:
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Physician's statement: I have conducted a physical examination of:
 On _____ 20__ and declare that this applicant is physically fit to serve as a fire fighter. Said examination had failed to reveal any evidence of hypertension or heart disease.
 Applicant's blood type is: _____
 Physician Signature: _____ Name (printed): _____
 Date: _____ Phone # () _____