

# Application for Per-Diem Employees



## East Thompson Volunteer Fire Department

P.O. Box 271  
Thompson, CT 06277  
Est. 1958

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Do you have any conditions that prevent you from performing the duties of a firefighter or medical technician? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Do you require any special accommodations in order to perform the duties of a firefighter or medical technician? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Medical Information: Blood Type: \_\_\_\_\_

Vaccinations: Hepatitis B: \_\_\_\_\_ (Date completed series or titer)

Tetanus/TdAP: \_\_\_\_\_ (Last Booster Date)

Allergies: \_\_\_\_\_

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Are you a citizen of the United States and/or are you permitted to work in the US?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If no, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

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Have you been convicted of any motor vehicle violations in the past 3 years?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Are you currently or have ever been a member of any other fire department/EMS agencies:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, list and when?: \_\_\_\_\_

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Do you have any special training or professional certificates that would be beneficial for the role applying for? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please list: \_\_\_\_\_

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Medical: EMR EMT Paramedic Cert/License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Employment History: May we contact you present/most recent employer: **Yes** \_\_\_\_ **No** \_\_\_\_

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

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

Supervisor / Phone #: \_\_\_\_\_ Full time Part Time Per Diem

Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Previous Employer (if less than 3 years): \_\_\_\_\_

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Military Service: Branch: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_

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How did you hear about the East Thompson Volunteer Fire Department?

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Have you ever been a member of ETVFD? **Yes** \_\_\_\_ **No** \_\_\_\_ If so, when: \_\_\_\_\_

List any department members who you are acquainted with: \_\_\_\_\_

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Personal References: Please list 3 references who are not family members, whom we may contact for character references (NOT affiliated with ETVFD):

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

# of Year Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

# of Year Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

# of Year Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Investigation Authorization

I, \_\_\_\_\_, hereby authorize the East Thompson Volunteer Fire Department to conduct a routine background check on me. This will consist of their contacting people I listed as personal references, state and/or local law enforcement officials, members that I know within the East Thompson Volunteer Fire Department, and the agencies I listed on this application as being affiliated with, past or present. I understand that this information is to be used only for determining my eligibility for employment with the East Thompson Volunteer Fire Department. I certify that all of the statements made by me on all parts of this application are true, complete and correct to the best of my knowledge. I understand that should any misrepresentation, omission or falsification be discovered, it will constitute grounds for immediate dismissal or reason not to be offered a position for the East Thompson Volunteer Fire Department. I understand and agree that, if employed by this organization; I will abide by all its rules and regulations, which I understand are subject to change. I also understand that my application may either be accepted or rejected for any reason.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applicant's Printed Name: \_\_\_\_\_

(A photocopy of this authorization is considered as valid as the original that is on file, and by signing this form, permission is granted for up to 6 months from that above date). This organization is prohibited from discriminating on basis of race, color, national origin, gender, sexual orientation, religion, age, disability, marital or family status. The East Thompson Volunteer Fire Department is an Equal Opportunity Employer.

**DO NOT WRITE BELOW THIS LINE**

**BOARD OF DIRECTORS USE ONLY**

**Date Application Rcvd:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **CT W2** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Fed W2** \_\_\_\_\_

**Date of Job Offer:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **I-9** \_\_\_\_\_

**Reason for No Job Offer:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Pay Rate: \$** \_\_\_\_\_

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