Town of Canton

Fire and EMS Department

51 River Road, Canton, CT 06019

Personal Information:

Name:_____ Date:_____
Last First Middle

Address: _____
Number and street

City, State, Zip Code: _____

Home Phone: _____ Cell Phone:_____

Email Address:_____ SSN:_____ DOB:_____

Do you have a valid Connecticut driver's license? Yes:_____ No:_____

Division(s) Applied for: Fire: [ ] EMS: [ ] Fire Police: [ ]

Fire Cadet (under 18 years old) [ ] EMS Cadet (under 18 years old) [ ]
(Cadet applications require signature of parent or legal guardian and attendance at the interview.)

Education:

High School Diploma or G.E.D.? Yes:_____ No:_____ If No, highest grade completed:_____

Education Beyond High School:

Name of College or School	Major/Specialty	Type of Degree or Certificate

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Fire/EMS Experience:

Have you ever belonged to or been employed by a Fire Department or Emergency Services organization before: Yes:_____No:_____

Department Name	Highest Rank	Years Served	Certifications

Legal Information:

Have you ever been convicted of a felony? Yes:_____ No: _____

Do you have any pending felony charges: Yes:_____ No:_____

In the last 3 years, have you been convicted of a misdemeanor (including traffic violations)?
Yes:_____No:_____ If yes, provide date(s), jurisdiction and details:

_____

_____

_____

** This information will be verified. Your answers will not necessarily affect your application. However, it will be considered in the decision-making process.

References:

Please do not include family members

Name	Address	Phone Number

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Current Employer:

(We will not contact your current employer without your consent)

Employer:_____Address:_____City:_____
State:____ Supervisor:_____Phone_____Hours per week_____
Start date:_____

What are your position specific duties:

_____

_____

_____

_____

List any other experiences, training or qualification that may benefit your service with the department:

_____

_____

_____

_____

_____

Emergency Contact:

Name:_____Phone:_____
Relation:_____

Name:_____Phone:_____
Relation:_____

Town of Canton

Fire and EMS Department

51 River Road, Canton, CT 0G01€

Applicants Certification and Agreement:

- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
- I authorize the Town of Canton Fire and EMS Department, its officers and/or the Town of Canton to verify their accuracy and to reference information by contacting educational institutions, references or employers, and to use the information as they see fit.
- I authorize the Town of Canton Fire and EMS Department, its officers and/or the Town of Canton to complete a background check through state or local authorities.
- I understand that if granted »membership, falsified statements of any kind or omissions of facts that are called for in this application, regardless of time of discovery could be considered grounds for dismissal.
- I understand that should an offer of membership be extended to »e and accepted, that I will fully adhere to the policies, rules and regulations of the department. Furthermore, I understand that this agreement »may be terminated at any time by the applicant or the department, with or without cause.
- I understand that there are minimum training and response requirements and failure to meet these requirements may result in termination.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Signature of parent or guardian _____ Date _____
(for cadet applications)