



NEW MEMBERSHIP APPLICATION

Please fill out all sections as complete as possible.

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone (Home): _____ Cell: _____ Email: _____

Are you at least 18 years of age: YES / NO If No, please list your age: _____

How did you hear about us? _____

Applying for? (Circle all that apply): FIREFIGHTER / EMS / AUXILARY / FIRE POLICE / CADET

Have you applied here before? YES / NO If yes, when? _____

Have you ever previously been a member of a Police/Fire/EMS organization? YES / NO

Organization: _____ Start Date: _____ End Date: _____

Your Duties: _____ Reason for Leaving; _____

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Your Duties: _____ Reason for Leaving; _____

Do you have any previous FIRE or EMS training? YES / NO

If yes, explain what types of training and attach any current certifications or licenses:

Somers Fire Department

Fire ★ Rescue ★ EMS

400 Main St., Somers, CT 06071

Phone (860)749-7626 • Fax (860)763-8233

www.somersct.gov

Do you currently or have you previously served in the military? YES / NO
If yes, please list branch, dates, and responsibilities: _____

EDUCATION:

Higher Education: _____
Dates Attended: _____ to _____ Degree / Major: _____

High School: _____
Dates Attended: _____ to _____ Highest Grade Completed: 9 10 11 12

EMPLOYMENT: (Please list from most recent to farthest.)

Employer: _____ Your Job Title: _____
From: _____ to _____ Reason For Leaving: _____
Supervisor: _____ Phone Number: _____

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From: _____ to _____ Reason For Leaving: _____
Supervisor: _____ Phone Number: _____

REFERENCES: (List name, phone number, and if the relationship is personal or professional)

Name: _____ Phone Number: _____ Relationship: _____

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Explain briefly why you want to be a member of our organization: _____

If there is anything else you would like to tell us, please explain below: _____

By signing below, you are acknowledging that the information you have provided us on this application is truthful to the best of your knowledge. All applicants must also consent to drug screening, medical examination, and must pass criminal and motor vehicle background checks.

Sign Name: _____ Print Name: _____

Parent or Guardian Signature if under 18 _____ Date: _____