



Town of Coventry Fire-EMS Department

Return completed application to:
Fire-EMS Administrator
1712 Main St
Coventry, CT 06238

Application for membership

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Preferred Name: _____ Date of Birth: _____
(If Different)

I understand in order to volunteer I will have to pass a background check in addition to a medical exam and physical agility test in order to move forward with the application process. _____ (initials)

Position Applied for: (circle) **Firefighter/EMT** **Firefighter** **EMT/EMS** **FIRE POLICE**

Driver's License # _____ State _____ Class _____ Endorsements _____

Have you had any violations in the last 24 months? YES NO If yes, type and date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the town of Coventry? YES NO If yes, when? _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Current Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ May we contact your supervisor for a reference? YES NO

Reason for leaving? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Prior Fire/EMS Experience

Department: _____ From: _____ To: _____

Role: _____ Reason for leaving: _____

Fire/EMS Certifications or trainings: _____

Other Information

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Have you ever been convicted or plead guilty to a crime? YES NO If yes, explain?: _____

Why do you want to join the Town of Coventry Fire & EMS Department? _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my acceptance, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

For Administrative Use Only

Application received

Interview date conducted by

Comments

Background determination pass / fail

Date of physical

Finance Dept. paperwork submitted

Assigned FTO

Released for full duty

Ver. 11/2021

**TOWN OF COVENTRY FIRE-EMS DEPARTMENT
COMMITMENT LETTER**

I, _____ (*print name*) am making a commitment to the Coventry Fire Department to serve for a minimum of two years as I am aware of the investment that that Town is making in me in order to be properly trained and equipped to perform the duties of firefighter and/or emergency medical provider. I have read and understand the Departments Mission Statement, Vision Statement and Core Values (1.1.1)

The cost of medical exams, physical agility testing, training, uniforms, and equipment is significant in this field and the Town is committed to providing the best it can. I understand that the Town is making an investment in me, so that I, in turn, can serve the community. I am making a commitment to maintain active status for at least 2 years from the date of signature. Barring any unforeseen circumstances that would be reviewed on a case by case basis, I agree to reimburse the Town for monies invested in me following the schedule listed below:

- Leaving in the first 12 months – reimbursement to the Town – 100%
- Leaving between 12-24 months – reimbursement to the Town – 50%

I agree to forfeit any remuneration due me for failure to comply with this policy.

I understand the schedule applies to training classes, certifications and re-certifications paid for by the Town as well as the medical exam and physical agility testing.

I understand the Town is seeking a return on its investment in me and I am benefitting by having the town pay for these. If there is a change in my fitness for duty, I will discuss this situation with the Fire Chief or his/her designee.

I fully understand this commitment and enter into this agreement to reimburse the Town for monies paid for my training, certification or re-certification should I fail or fall short of serving a minimum of 2 years.

Print Name: _____

Signature: _____

Witness: _____

Date: _____