



# Town of Coventry

1712 Main Street • Coventry, CT 06238 • Fax (860) 742-8911

## APPLICATION FOR MEMBERSHIP Town of Coventry Fire/EMS Department

In compliance with Federal and State equal opportunity laws, qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Have you filed an application or been employed by the Town of Coventry in the past?

Yes\_\_\_\_\_/Dates:\_\_\_\_\_ No\_\_\_\_\_

Are you a citizen of the United States? Yes\_\_\_\_\_ No\_\_\_\_\_

If not, do you have an Alien Registration Card? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you available to work: Full Time\_\_\_\_\_ Part Time\_\_\_\_\_

Are you over the age of 18? Yes\_\_\_\_\_ No\_\_\_\_\_

In case of accident or emergency, please notify:

\_\_\_\_\_  
Name Address Phone

Do you have a driver's license? Yes\_\_\_\_\_ No\_\_\_\_\_ Type(Class):\_\_\_\_\_  
CDL: Yes\_\_\_\_\_ No\_\_\_\_\_ Operator's # \_\_\_\_\_

Education History:

Specialized Training and Skills: Please list any specialized training, apprenticeship, skills, or experience relevant to the position for which you are applying.

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	High School	College	Graduate
<b>School Name</b>			
<b>Years Completed</b>	9 10 11 12	1 2 3 4	1 2 3 4
<b>Course of Study</b>			

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List trade or professional organizations of which you are a member, including offices held.

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Employment Experience:

In the space provided, please list your employment history beginning with your most recent employer.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name and Title of Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Salary: \$\_\_\_\_\_/Hour

References:

Please list 3 references not related to you.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the Town of Coventry.

Signature of Applicant	Date

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For Personnel Department Use Only

Arrange Interview: Yes\_\_\_\_\_ No\_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

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Employed: Yes\_\_\_\_\_ No\_\_\_\_\_ Date of Employment: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary/Rate: \_\_\_\_\_