



# APPLICATION FOR VOLUNTEER FIREFIGHTER

## *CHESHIRE FIRE DEPARTMENT*

250 Maple Ave.      Cheshire, CT 06410  
203-272-1828      www.cheshirefd.org

Background Check
<input type="checkbox"/> Passed <input type="checkbox"/> Failed
<input type="checkbox"/> Dr. Form
<input type="checkbox"/> Agility Test
<input type="checkbox"/> W-9 Form
<input type="checkbox"/> Beneficiary Forms
<input type="checkbox"/> Bank Deposit Form
<input type="checkbox"/> Accountability Form

Please read all instructions carefully. Fill out this application completely, accurately and legibly.

All statements in this application are subject to verification.  
Any applicant giving false information will be subject to disqualification.  
Failure to provide all information requested may delay the application process.  
All information provided will be held in the strictest confidence.

POSITION APPLYING FOR	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Junior Member (Ages 16-18) <input type="checkbox"/> Other:	DATE

PERSONAL INFORMATION		
NAME (Last, First, MI)	DOB	
ADDRESS	SSN	
CITY, STATE, ZIP	PHONE	
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	DATE OF CHESHIRE RESIDENCE

ADDITIONAL CONTACT INFORMATION	
WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMPLOYMENT INFORMATION		
EMPLOYER		
ADDRESS	CITY	STATE
POSITION	WORK HOURS	

FOR OFFICE USE ONLY		
Read at meeting and posted on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted for Junior on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted for Recruit on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted for Regular on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted for Associate on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Voted for Auxiliary on: ____ / ____ / ____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Additional comments on back of page.		

**EMERGENCY CONTACT INFORMATION**

NAME	RELATIONSHIP	PHONE
ADDRESS		CELLULAR PHONE / PAGER
CITY, STATE, ZIP		
EMPLOYER	WORK PHONE	

**EMERGENCY INFORMATION**

EYE COLOR	HAIR COLOR	HEIGHT _____ ft _____ in	WEIGHT
LIST ANY KNOWN ALLERGIES			

**EDUCATION****FOR REGULAR and ASSOCIATE MEMBERS ONLY**

ARE YOU A HIGH SCHOOL GRADUATE? [ ] YES [ ] NO	IF YES, LIST YEAR, SCHOOL AND LOCATION			
IF NO, HIGHEST GRADE COMPLETED	IF NO, YEAR AND LOCATION GED COMPLETED			
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)				
Name of School	City / State	Dates Attended	Major	Degree
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**FOR JUNIOR MEMBERS (Age 16-18) ONLY**

CURRENT GRADE IN HIGH SCHOOL	LIST SCHOOL, LOCATION AND CLASS HOURS
ARE YOU MAINTAINING A MINIMUM OF A "C" AVERAGE? (attach a copy of your last report card) [ ] YES [ ] NO	

**ARMED FORCES EXPERIENCE**

BRANCH	RANK
TYPE OF DISCHARGE & DATE	SERVICE DATES

**PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICE EXPERIENCE**

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF THE CHESHIRE FIRE DEPARTMENT?     YES     NO

IF YES, PLEASE LIST APPROXIMATE DATES

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HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANY EMERGENCY SERVICE?     YES     NO

IF YES, PLEASE LIST ORGANIZATION NAME, ADDRESS AND DATES OF SERVICE

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ENTER BELOW ALL FIREFIGHTER, EMS, OR OTHER APPLICABLE TRAINING (Use extra page if necessary)

Type of Certification	Date Received	Expiration	Jurisdiction in which received
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**REFERENCES**

RECOMMENDED BY CHESHIRE FIRE DEPARTMENT REGULAR OR LIFE MEMBER

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IF NOT RECOMMENDED BY A CFD REGULAR OR LIFE MEMBER PLEASE PROVIDE PERSONAL REFERENCES  
 The Cheshire Fire Department will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your education, work experience, character, and / or community service involvement.

NAME	TELEPHONE NUMBER	OCCUPATION ? TITLE
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.....	.....	.....
.....	.....	.....

**REASON FOR JOINING**

PLEASE INDICATE WHY YOU WISH TO JOIN THE CHESHIRE FIRE DEPARTMENT and LIST YOUR SKILLS THAT THE FIRE DEPARTMENT MAY NEED

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**RELEASE OF INFORMATION**

I \_\_\_\_\_, am making application for appointment to the Cheshire Fire Department. As a result I hereby authorize and voluntarily release the Town of Cheshire and/or its agencies to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and the ability to perform in the position I am applying for, including but not limited to: review of my educational references and background, criminal conviction history check, and driving history check. I release from any liability any and all former educators or personal or other references who supply the Town of Cheshire and/or its agencies with information about my background and education history. I also authorize the release of copies of any such aforementioned records to the Town of Cheshire and/or its agencies.

I have read, understand and agree to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Witness \_\_\_\_\_  
Signature Printed

**AGILITY TEST RELEASE FROM LIABILITY**

I \_\_\_\_\_, do hereby release from any and all liability and/or claims for damages resulting from any and all aspects of the agility test of the Cheshire Fire Department, to wit:

The Cheshire Fire Department, Inc.  
The Town of Cheshire  
Any and all individuals involved with the preparations and/or administration of said testing procedures.

I have read, understand and agree to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_  
Signature Printed

## HEPATITIS B VACCINE REQUEST FORM

Please check one of the following: (If you have received the hepatitis B vaccine series please fill in the appropriate dates)

\_\_\_\_\_ I have previously received the complete hepatitis B vaccine: Date of 1<sup>st</sup> Shot: \_\_\_\_\_  
Date of 2nd Shot: \_\_\_\_\_  
Date of 3rd Shot: \_\_\_\_\_

\_\_\_\_\_ I have previously received the hepatitis B vaccine and request the titer determination test done.  
Date of 1<sup>st</sup> Shot: \_\_\_\_\_  
Date of 2nd Shot: \_\_\_\_\_  
Date of 3rd Shot: \_\_\_\_\_

\_\_\_\_\_ I wish to undergo the complete hepatitis B vaccine series.

\_\_\_\_\_ I wish to decline to participate at this time from the hepatitis B vaccine program.

I understand that due to my occupation and potential exposure to blood and other potentially infectious material, I may be at risk acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to receive the HBV immunization and blood titer, at no cost to myself. However, I decline to participate at this time. I understand that by declining, I continue to be potentially at risk of acquiring HBV, a serious disease. If, in the future, I continue to have occupational exposure to blood or potentially infectious material and wish to receive the hepatitis B vaccine, I can do so at no cost to me.

I have read, understand and agree to the foregoing.

Name: \_\_\_\_\_  
Signature Printed

Social Security No. \_\_\_\_\_ Date \_\_\_\_\_

## ATTACHMENTS

Please attach to the back of this application photocopies of the following:

- Your Connecticut Driver's License
- Your Social Security Card
- Any Certification Cards or Certificates
- Any other requested information

**FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL  
RESULT IN REJECTION OF YOUR APPLICATION**

**CONNECTICUT STATE DRIVER'S LICENSE INFORMATION**

LICENSE NUMBER	CLASS	STATE	EXPIRATION
ENDORSEMENTS		RESTRICTIONS	

**BACKGROUND CHECK INFORMATION**

NAME (Last, First, MI)	DOB
ADDRESS	SSN
CITY, STATE, ZIP	
HIGH SCHOOL	YEAR of GRADUATION
COLLEGE	YEAR of GRADUATION

LIST ANY PRIOR ADDRESSES IN THE PAST 3 YEARS
1)
2)
3)

HAVE YOU EVER HAD "ALIAS" NAMES <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please list prior married names, other names and aliases and related Social Security Numbers
1)
2)
3)

*Please read before answering the following question: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceeding so erased and may so swear under oath.*

**CRIMINAL RECORD**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [ ] YES [ ] NO

If Yes, give detailed information and disposition below or attach an additional sheet.

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**SIGNATURE**

I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, my application may be rejected, or if already appointed, I may be dismissed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The following sections are for Junior members (age 16-18) only and is to be filled out by a parent or legal guardian of the applicant*

**PARENTAL SIGNATURE**

**FOR JUNIOR MEMBERS (Age 16-18) ONLY**

I \_\_\_\_\_, affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given is true and complete to the best of my knowledge and belief. I am aware that statements made on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, the application may be rejected, or if already appointed, my son / daughter may be dismissed.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name of Parent or Legal Guardian

**JUNIOR FIREFIGHTER PAGER PROMISE**

**FOR JUNIOR MEMBERS (Age 16-18) ONLY**

I \_\_\_\_\_, will not be permitted to have my fire department issued pager in school during school hours or during school activities that I am involved with. If the Cheshire Fire Department learns that I had my pager at school during these times, I will be disciplined and/or dismissed from the Cheshire Junior Fire Department. If dismissed I will be ordered to return all Cheshire Fire Department equipment at once.

I have read, understand and agree to the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Junior Firefighter

Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date \_\_\_\_\_







## **CHESHIRE FIRE DEPARTMENT** **Physical Agility Test**

### **NOTES:**

***Recommended personal protective equipment for the candidates***

- 1. bump cap***
- 2. leather gloves***
- 3. long pants only, no shorts.***

**Station #1 – High Rise Evolution** – applicant shoulders a 1 ¾” x 100’ high rise pack and ascends and descends the south stair tower a total of 2 complete times

### **Setup**

- Stair climb starts and ends on the apparatus floor by the south stairwell door
- Both of the doors from the apparatus floor and the 2<sup>nd</sup> floor are chocked open
- High rise pack is picked up from the ground and shouldered by the applicant
- Applicants must complete 2 rounds of stair climbs (both feet must touch the top and bottom landings to be a complete round)
- Applicants must not skip any stairs ascending or descending
- Applicants must use at least one hand rail ascending and descending the stairs

### **Reasons For Failure**

- Applicant drops the high-rise pack
- Applicant fails to ascend or descend the stairs all the way to the landings
- Applicant skips stairs
- Applicant fails to use hand rails

### **SCRIPT TO READ TO CANDIDATE**

**Shoulder the high-rise hose pack and walk up the four short flights of stairs to the second floor landing. You must use each and every stair tread and at least one hand rail. Both feet must touch the top and bottom landings to be considered a full round. You must complete two full rounds of stair climbs. The time will start after you shoulder the hose and adjust it to ride comfortably on your shoulder.**

**Station #2 – Equipment Carry** – applicant carries a chain saw and a rotary saw from a starting point, around a cone and returns to the starting point

**Setup**

- a. Equipment carry starts and ends at the south apparatus bay wall to the right of the south stair tower door opening.
- b. Applicant picks up one saw in each hand and carries them toward the north apparatus bay wall, proceeding around a cone placed approximately 50 feet away and returns to the starting point

**Reasons For Failure**

1. Applicant fails to pick up both saws
2. Applicant drops a saw after leaving the starting point
3. Applicant fails to carry the saws the total distance down and back
4. Applicant fails to carry the saws around the cones

**SCRIPT TO READ TO CANDIDATE**

**Pick up both saws, walk around the cone and back past the starting line**

**Station #3 – Hose Stretch** – applicant shoulders up to 10’ of hose line, walks to a designated point, drops to one knee and drags an additional 50’ of hose line to that point

**Setup**

- a. Hose drag begins at the south wall by the front bay door
- b. Applicant shoulders 10’ (hose line is marked) of hose and the nozzle
- c. Applicant proceeds towards the north wall and turns 90° right, after passing the last column at Engine 6’s bay
- d. Stopping at a cone just before of the rear floor drain grate, the applicant drops to at least one knee and drags an additional 50’ of hose (hose line is marked) to the grate

**Reasons For Failure**

1. Applicant shoulders more than 10 feet of hose
2. Applicant turns 90° right before the designated column
3. Applicant walks past the designated stop point
4. Applicant fails to pull the additional 50’ of hose

**SCRIPT TO READ TO CANDIDATE**

**Pick up the hose and nozzle, up to the hose-line mark, and place the hose over shoulder or across your chest. Walk to last column, turn right and proceed to cone. At cone, drop to at least one knee and pull the hose until the second hose-line mark passes the cone**

**Station #4 – Rescue Drag** – applicant drags a mannequin a measured distance and back to the starting point

**Setup**

- a. The event starts and ends at the north wall by the gear racks
- b. Applicant grabs / lifts the mannequin by the harness and drags it from the starting point, toward the south wall, goes around a cone approximately 50 feet away and returns to the starting point.

**Reasons For Failure**

1. Applicant fails to drag the mannequin the total distance down and back
2. Applicant fails to drag the mannequin around cone

**SCRIPT TO READ TO CANDIDATE**

**Drag the mannequin by the shoulder straps or the strap on the back of harness, go around the cone and back past the start line.**

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**Station #5 – Ceiling Breach & Pull** – applicant simulates opening up and pulling a sheetrock ceiling

**Setup**

- a. This event is on the north wall at the breach prop
- b. The applicant grabs the wooden handle (just above head height) which is attached to a 25 lb. weight and pulls down 5 times (the lower hand must come down to waist height)
- c. The applicant then steps to the side and grabs the second wooden handle (at waist height), which is attached to a 25 lb. weight, and pushes up 3 times (the upper hand must come up to head height)
- d. The applicant must perform 4 complete sets of 5 pulls and 3 pushes.

**Reasons For Failure**

1. Applicant fails to grasp the pike pole in the proper location
2. Applicant fails to complete the repetition before going on to the next one.
3. Applicant loses control of the pike pole and drops the the buckets
4. Applicant fails to complete 4 sets

**SCRIPT TO READ TO CANDIDATE**

**Step up to the pike pole on the left and grab the pike pole just above head height and pull down 5 times, each time your lower hand must come down to waist height. Step to the right and grab the second pike pole at waist height and pushes up 3 time, each time your upper hand must come to head height. You must complete 4 sets of 5 pulls and 3 pushes.**

**Station #6 – Ladder Raise** – applicant raises a 24’ ground ladder from the floor up to the wall and then raises a simulated fly section

**Setup**

- a. The ladder raise is performed with the ladder prop to the right of the hose dryer.
- b. Applicant raises the 24’ ground ladder from the floor and up to the wall (a self-retracting lanyard is attached to the top rung of the ladder to protect the applicant in the event they lose control of the ladder)  
(a rubber is pad placed on the wall to protect the ladder tip and the concrete block)
- c. Applicant steps to the side in front of the wall mounted ladder and using the hand over hand method raises a weighted fly section to the highest point  
(the weight is equal to the weight of the fly section of a 24’ ladder)
- d. Applicant using the hand over hand method lowers the weight to the ground.

**Reasons For Failure**

1. Applicant fails to raise the ground ladder up to the wall
2. Applicant drops the ground ladder so the fall arrest lanyard activates
3. Applicant fails to extend the weighted fly section until it stops make contact
4. Applicant fails to maintain control of the weighted fly section, on either raising or lowering.

**SCRIPT TO READ TO CANDIDATE**

**Raise the ladder to the wall using each rung, Then step to the right and grab the halyard of the ladder secured to the wall. Using a hand over hand motion, pull down on the halyard and raise the fly section to the top until it stops and lower it back to the ground.**

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**Station #7 – Forcible Entry** – applicant strikes a target 10 times using a 8 lb. sledge hammer

**Setup**

- a. Applicant strikes a target on a tire 10 times with a 8 lb. sledge hammer

**Reasons For Failure**

1. Applicant fails to strike the tire the required number of times
2. Applicant loses control of the grip on the sledge hammer
3. Applicant unable to perform an overhead swing of the sledge hammer

**SCRIPT TO READ TO CANDIDATE**

**Pick up the sledge hammer and strike the target on the tire 10 times. When you are done, place sledge hammer on the ground.**

**Station #8 – High Rise Evolution** – applicant shoulders a 1 ¾” x 100’ high rise pack and ascends and descends the south stair tower 1 additional time

**Setup**

- g. Stair climb starts and ends on the apparatus floor by the south stairwell door
- h. Both of the doors from the apparatus floor and the 2<sup>nd</sup> floor are chocked open
- i. High rise pack is picked up from the ground and shouldered by the applicant
- j. Applicants must complete 1 round of stair climb (both feet must touch the top and bottom landings to be a complete round)
- k. Applicants must not skip any stairs ascending or descending
- l. Applicants must use at least one hand rail ascending and descending the stairs

**Reasons For Failure**

- 5. Applicant drops the high-rise pack
- 6. Applicant fails to ascend or descend the stairs all the way to the landings
- 7. Applicant skips stairs
- 8. Applicant fails to use hand rails

**SCRIPT TO READ TO CANDIDATE**

**Shoulder the high-rise hose pack and walk up the four short flights of stairs to the second floor landing. You must use each and every stair tread and at least one hand rail. Both feet must touch the top and bottom landings to be considered a full round. You must complete one full rounds of stair climbs. The time will start after you shoulder the hose and adjust it to ride comfortably an your shoulder.**