

Chepachet Fire Department
1170 Putnam Pike ~ P.O. Box 755
Chepachet, R.I. 02814
401-568-5200

Application for Membership

Personal Information:

Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
Mailing address if different from above: _____			

Home Phone: (____) _____ - _____			
Social Security Number _____ - ____ - _____		Marital Status: M S W D	
Date of Birth: ____ / ____ / _____			
Drivers License # _____		Class _____	
Have you ever been convicted of a Felony: YES / NO			
If you are injured on duty, who should be notified: Name: _____			
Relationship: _____		Phone Number: _____	

Health Information:

Disabilities or Physical Aliments: YES / NO
If yes, please describe: _____ _____ _____
Are you willing to take a physical examination if requested by the department: YES / NO
Blood Type: _____

I, _____, understand that if I am accepted for membership in the Chepachet Fire Department, I am subject to all the risks and hazards relative the fire and rescue service. I understand that I will be expected to give freely of my time and attend alarms, meetings, drills, etc. I agree to abide by and obey all rules and regulations of the Department. I also understand that I must comply with all directions, orders, and commands of the Chief and Officers of the Chepachet Fire Department. Any and all equipment issued to me while a member of the department, I accept responsibility for, and agree to surrender at the request of the Chief or upon termination of my service to the Chepachet Fire Department.

Applicants Signature _____ Date: _____

For Parent or Guardian:

**I _____ hereby give my consent for
Parent/Guardian _____, to apply for membership with the Chepachet
Applicant's name**

Fire Department. I understand that with this consent he/she may be subject to the risks and hazards associated with the fire/rescue service if accepted as a member.

Signature of Parent or Guardian

Date

Notary Public

Date

Authorization for Release of Information

I, _____, have made application for membership with the Chepachet Fire Department, and it is my understanding that a criminal background check will be conducted in connection with my application. I understand that any history, which adversely reflects on my credentials for membership, may be cause for disqualification from further consideration.

I hereby give the Chepachet Fire Department and its agents, the authority to conduct a criminal background check including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged, or confidential. This review includes records maintained by past and present employer, law enforcement agencies, and other local, state and federal agencies. This *Authorization of release of Information form* is solely for the purpose of conducting an applicant background investigation for the membership process of the Chepachet Fire Department.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of the *Authorization for Release of Information form*. I consider a copy of the *Authorization for Release of Information form* to be as valid as the original, even though a copy does not have my original signature.

I hereby release the Chepachet Fire Department and its agents and anyone who gives written or oral information about me to the Chepachet Fire Department from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associations, assigns and representatives.

Social Security Number

Drivers License Number

Date of Birth

Applicants Signature

Date

Witness Signature

Date

Instructions:

Please print and fill out forms and mail to:

***Chepachet Fire Department
Attn: Chief Dennis A. Huestis
PO Box 755
1170 Putnam Pike
Chepachet, RI 02814***