

# **Harmony Fire Department**

194 Putnam Pike Glocester, RI 02814 Phone: (401) 949-1188 Fax: (401) 949-1210

E-Mail:
ChiefWatermanHFD@gmail.com
Website:
www.harmonyfd.com

### APPLICATION FOR MEMBERSHIP

Name:	Date:	
Address:	Phone #:	
	Cell #:	
D.O.B.:	S.S. #:	
E-Mail Address:		
Are you a resident of the Harmony Fire District?	Yes No	
Current Employer or Name of School:		
How long at your present job? Hours		
Educational Background:		
High School/Tech School:		
College/Vocational School:		
Post Graduate:		
Military Experience:		
Previous Firefighting / ESO Experience:		
Fire Company/EMS:	Date:	Rank:
Total years involved in Fire Service:		
Fire Schools/Training [Firefighters/Rescue, EMS,	etc.]	
1		
2		
3		
4		
5		

<sup>\*</sup> Please provide copies of any certifications you may have (ie. EMT license, CPR card, etc.)

# **Health Information:** Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.] Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [fear of height, claustrophobia, etc.] Name of person to contact in case of an emergency \_\_\_\_\_ Relationship \_\_\_\_\_\_ Phone #: \_\_\_\_\_ **Background Investigation:** Have you ever been convicted of a felony? Yes No [If yes, please explain] **Requested Civil Rights Compliance Information:** The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. I do not wish to furnish this information Ethnicity: Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Native Race/National Origin:

Female Male \_\_\_\_

Black or African American

Native Hawaiian or Other Pacific Islander

Asian

White

Sex:

# Please Provide Four References: Name Address Phone # 1.) 2.) 3.) 4.) SIGNATURE OF APPLICANT \* the applicant certifies that the above information in true and accurate

WITNESS SIGNATURE

DATE

<sup>&</sup>quot;This institution is an equal opportunity provider, and employer."

## APPLICANT ACKNOWLEDGEMENT

\*PLEASE READ CAREFULLY BEFORE SIGNING

I,, hereby certify that all of the	information provided by me in
this application (or any other accompanying or required documents) is corn best of my knowledge. I understand that the falsification, misrepresentatio documents will be cause for denial of membership or immediate termination the timing or circumstances of discovery.	rect, accurate and complete to the n or omission of any facts in said
I understand that submission of an application does not guarantee members should an offer of membership be extended by the Harmony Fire Department will," for no specified duration and may be terminated by either the department or without cause or notice. I understand that none of the documents, policistatements of the Harmony Fire Department or its representatives used duratement a contract of employment real or implied. I understand that no represcept the Chief has the authority to enter into any agreement guaranteeing or any agreement contrary to the foregoing statements and that any such against and signed by the Chief of the Harmony Fire Department.	ent that such membership is "at ment or myself at any time, with les, procedures, actions or ing the approval process is presentative of the department grany conditions of membership
Should I be accepted for membership by the Harmony Fire Department, I a regulations, policies and procedures of the department at all times. I also reall directions, orders and commands of the Chief and Officers of the depart obedience is a condition of employment. I also understand that due to the Department's business, attendance and punctuality are considered essential department and that poor attendance or tardiness will result in disciplinary	ealize that I must comply with tment. I understand that such nature of the Harmony Fire I requirements of every job at the
If I am offered a position I may be required to submit to any or all of the formembership: pre-employment medical examination, drug screening, physical agility test Unsatisfactory results from, refusal to cooperate with, or any attempt to affeemployment tests and checks will result in withdrawal of any membership membership if already accepted. I also hereby agree to accept sole and excinjury which may occur during the administration of such physical examinand agree that the Harmony Fire Department shall not be held liable for an support, expenses, cost, damages or in any manner whatsoever arising out that might result from the tests administered to determine physical qualific Furthermore, I understand that if I am accepted for membership in the Harmsubject to all risks and hazards relative to the fire rescue service.	ing, criminal background check. Sect the results of these pre- offer or termination of clusive responsibility for any ations, and further acknowledge y injuries, loss of services, or of any injury, damage or claim ations for membership. mony Fire Department, I am
I understand that this application is considered current for one year. If I wi membership after this period I must fill out and submit a new application.	ish to be considered for
APPLICANT'S SIGNATURE	DATE
WITNESS SIGNATURE	DATE

The Harmony Fire Department is proud to be an equal opportunity organization. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.