

***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 _____	
<b>Have you ever been convicted of a Felony: YES / NO</b>			
If you are injured on duty, who should be notified: Name: _____			
Relationship: _____		Phone Number: _____	

**Health Information:**

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

**High School Completed:** YES / NO      **If no was GED Obtained:** \_\_\_\_\_

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**Previous Fire/ Rescue Experience:** YES / NO

If yes, please describe below:

\_\_\_\_\_  
Nature of experience

Department \_\_\_\_\_ Length of Service: \_\_\_\_\_ Rank Attained \_\_\_\_\_

\_\_\_\_\_  
Nature of experience

Department \_\_\_\_\_ Length of Service: \_\_\_\_\_ Rank Attained \_\_\_\_\_

**List any other education, training, etc.:** \_\_\_\_\_

\_\_\_\_\_

**Employment Information:**

Present Employer: \_\_\_\_\_  
Company Name

How long have you been employed with your present employer? \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we contact your current employer? YES / NO If no, Please explain why not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Years Known: \_\_\_\_\_

*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 Robert G. Dauphinais  
PO Box 755  
1170 Putnam Pike  
Chepachet, RI 02814***