



Malletts Bay Fire Department

844 Church Road
P.O. Box 4
Colchester, VT. 05446

Robert Young Chief
David Scibek 1st Assistant Chief
Patrick Adams 2nd Assistant Chief

Application for Membership

Date: _____

Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Telephone	Date of Birth	Place of Birth		
Email Address			Social Security Number	

Have you filed an application with the Malletts Bay Fire Department Before? _____ When? _____

Do you have a valid Vermont driver's license? _____ CDL endorsement? _____ License number _____

Have you ever been issued a traffic ticket? _____ When? _____

For what reason(s)? _____

Education

High School	Address	Phone Number
Last grade completed 9 10 11 12	Diploma or Degree earned	
College	Address	Phone Number
Last grade completed 13 14 15 16	Degree earned	

Postgraduate, professional, or other training or experience that would be an asset to this department



Employment History		
Current employer	Address	Phone number
Position/work performed	Supervisor	Length of employment
Previous Employer	Address	Phone number
Position/work performed	Supervisor	Length of employment
Reason for leaving		

Military Service		
Branch	MOS	Date of service
Type of discharge	Rank at discharge	Current Status

References		
Name	Address	Phone number
Name	Address	Phone number
Name	Address	Phone number

Medical Information
<p>The law requires fire suppression personnel to be physically capable of performing emergency duties. Do you have, or have you ever had, any of the following:</p> <p>Heart disease _____ Respiratory disease _____ Emphysema _____</p> <p>High blood pressure _____ Vision loss _____ Hearing loss _____</p> <p>Any other condition or disease that would adversely affect your ability to perform emergency duties? _____</p> <p>If so, please explain: _____</p> <p>_____</p> <p>_____</p>



Availability
Are you currently available to start training and responding? _____ If not, when would you be available? _____
What times of the day would you be able to respond? _____
What days of the week would you be able to respond? _____

Certificate of Truthfulness
I certify that all answers given herein are true and complete to the best of my knowledge. I understand that if accepted, false and incorrect statements on this application shall be considered sufficient cause for immediate dismissal.
I authorize investigation of all statements contained in this application for membership as may be necessary in arriving at a membership decision.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Signature</div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">Date</div> </div>

For Department use only		
Date received	Date interviewed	Date of ACCEPTANCE or REJECTION

Signatures		
Chief	1 st Assistant Chief	Lieutenant

Comments