



Plainfield Fire & Rescue

PO Box 217

169 Main Street, Plainfield, VT 05667

(802) 454-8479 / (802) 839-6302

(TAX ID 26-1801958)

Thank you for your interest in the Plainfield Volunteer Fire and Rescue Department, of Plainfield, Vermont.

To meet the standards of our department that have been implemented for the protection of our community, this is our check list that must be completed before becoming a member of our team:

_____ National Background Check (see enclosed). Please fill out the forms and send them back to Plainfield Fire and Rescue Department, P.O. Box 217, Plainfield, Vermont 05667. **Paid for by Plainfield Fire and Rescue.**

_____ Documentation from the Vermont Department of Health of any training that you have had thus far. No training, no need to worry, if you haven't had any classes you may contact Paula Ackel – (802)881-2490 **FAST SQUAD/RESCUE**, or Patrick Martin – (802)839-6302 **FIRE**, for more information as to where and when classes are being offered. The classes are offered through the Vermont Department of Health and Vermont Fire Academy - we are subject to their schedule. **Paid for by Plainfield Fire and Rescue.**

Once the above has been completed we will contact you to set up an interview, after which you will be notified within two weeks of our decision by mail.

FAST SQUAD MEMBERS: Required to meet monthly for training to keep up their certification. We train every third Sunday, 5:15 p.m. dinner (optional), meeting at 6:00 p.m., ending around 7:30 p.m.

FIRE DEPARTMENT MEMBERS: Required to meet monthly for training. We meet the first Wednesday of every month at 6:30 p.m.

We look forward to you joining our team.

Any questions, do not hesitate to call Paula Ackel (802)881-2490 **FAST SQUAD**, or Patrick Martin (802)839-6302 **FIRE**.

PLAINFIELD FIRE & RESCUE MEMBERSHIP APPLICATION



Application Date:

PERSONAL INFORMATION

NAME: Last	First	Middle	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
ADDRESS:			TOWN	STATE	ZIP
FORMER ADDRESS (if applicable within last 5 years):					
HOME PHONE:	WORK PHONE	CELL PHONE	EMAIL ADDRESS		
US CITIZEN?	MAIDEN NAME OR FORMER NAME (if applicable)				
MARITAL STATUS	EMERGENCY CONTACT	CONTACT'S RELATION TO YOU			
CONTACT'S PHONE NUMBER(S)			CONTACT'S ADDRESS		

MEDICAL INFORMATION

HEIGHT	WEIGHT	BLOOD TYPE	ALLERGIES
List <u>any</u> medications you are taking or medical conditions you may have that could interfere with your duties on Plainfield Fire & Rescue:			

FIRST RESPONDER EXPERIENCE

List relevant work, military or first-responder experience, including firefighting, EMT, administration, certification levels and active status:

Type of Certification or Experience	Date	Department Location or Jurisdiction	Current Status

DRIVING RECORD

VERMONT DRIVER'S LICENSE NUMBER	OTHER CERTIFICATIONS	CURRENT POINTS AGAINST YOUR LICENSE: <input type="text"/>
List <u>any</u> driving infractions, charges or convictions you've had in the last 10 years, including accidents, DUI, DLS, C&S, etc.:		
Infraction Type	Date	Location

LAW ENFORCEMENT INFORMATION

List any probation, misdemeanor or felony charges or convictions or imprisonment you've had.

Type	Date	Location	Details and Resolution

I certify that I have never been convicted of a felony or arson or related crime: Initials: _____

Do you owe back taxes, child support or alimony? Yes: No: If you answered yes, provide details below:

PERSONAL REFERENCES

List two people (not family members) willing to comment on your qualifications to serve on Plainfield Fire & Rescue

Name	Phone Number or Email	Relation to You

In signing the application I certify that all the above information is true. I also give Plainfield Fire & Rescue authorization to perform personal, professional and criminal background checks and to contact the references I have listed above.

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY - PLEASE DO NOT WRITE IN THE SPACE BELOW

REFERENCE CHECK NOTES: _____

BACKGROUND CHECK NOTES: Personal Criminal DMV

DECISION: Approved Denied Date: _____



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NCPA REQUEST FOR CRIMINAL RECORD CHECK

APPLICANT: _____
LAST NAME FIRST NAME MIDDLE NAME

MAIDEN OR OTHER NAMES USED: _____

ADDRESS: _____

GENDER: _____ RACE: _____ DATE OF BIRTH: _____
MO/DAY/YEAR

SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH: _____
CITY/TOWN STATE COUNTRY

TELEPHONE NUMBER: _____
AREA CODE/NUMBER

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions per the National Child Protection Act, which may be maintained by the Vermont Crime Information Center, the criminal record repositories or other states where I have been employed or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

I understand that the results of that check will be made available to:

_____ for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

SIGNATURE OF APPLICANT: _____ DATE: _____

(Signed in the presence of a notary)

IDENTITY VERIFIED BY: _____ DATE: _____