



Underhill-Jericho Fire Department, Inc.  
PO Box 150  
Underhill, Vermont 05489

## MEMBERSHIP APPLICATION

<b>Personal Data:</b>				
Last Name:		First Name:		Initial:
Address:				
Email Address:				
SSN:	Date of Birth:	Home Phone:	Marital Status:	
Driver License No:	State:	Expires:	Experience Driving Vehicles over 25,000 Lb. GVW	
Employer:			Work Phone:	
Employer's Address:				
<b>Emergency Contact:</b>				
Last Name:		First Name:		Initial:
Address:				
Relationship:	Home Phone:	Work Phone:		

1. What type of position are you applying for?  
Firefighter\_\_\_\_\_ Fire Police\_\_\_\_\_ Specialist\_\_\_\_\_ Dispatcher\_\_\_\_\_
2. Do you have previous experience in the position you are applying for?  
No\_\_\_\_\_ Yes\_\_\_\_\_ If yes, where:\_\_\_\_\_
3. Have you previously submitted an application for membership to the Underhill-Jericho Fire Department?  
No\_\_\_\_\_ Yes\_\_\_\_\_ If yes, when:\_\_\_\_\_
4. Have you discussed leaving work, or being late because of an emergency call with your employer.  
No\_\_\_\_\_ Yes\_\_\_\_\_
5. Have you been convicted of any criminal offense within the past five (5) years?  
No\_\_\_\_\_ Yes\_\_\_\_\_ (If yes, an interview with the Fire Chief is required.)
6. Are you willing abide by the By-laws and guidelines of the Underhill-Jericho Fire Department  
No\_\_\_\_\_ Yes\_\_\_\_\_

**REQUIREMENTS OF APPLICANT**

You will be required to successfully complete a probation program as stated in the Membership Guide, except when applying for the position of specialist. This probation period will last for approximately one year.

You must complete, or show proof of completion, the Vermont Essentials of Firefighting Course or Vermont state Firefighter-1 course within two years of membership.

You must complete a physical exam from a designated physician, at the expense of the fire department, within the first three months of the probation period.

Applicants under the age of eighteen (18) years of age or in high school must have approval from a parent or legal guardian.

The facts set forth in my application for membership in the Underhill-Jericho Fire Department, Inc. are true and complete. I understand that if I am accepted, any false statement in this application shall be considered sufficient cause for dismissal.

I hereby authorize the Underhill-Jericho Fire Department, Inc. to conduct an investigation of my personal history, if deemed necessary.

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (If applicant is under 18 years old)

\_\_\_\_\_ Date \_\_\_\_\_