



Derby Fire Department

1 ELIZABETH STREET
DERBY, CONNECTICUT 06418
(203) 736-1473

Derby Fire Department Membership Application

Date: _____

Application Type: Regular Auxiliary Fire Police

Applicant Information

Name: _____ Date of Birth: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Driver's License #: _____ State: _____ Endors/Restr _____

Email Address: _____

Company: Hotchkiss Hose Storm Engine East End Paugasset H&L

State/National Certifications (e.g. FF-1, FF-2, MRT, EMT):

Previous Experience (Departments, Organizations):

Emergency Contact Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Signature: _____ Date: _____

Guardian Signature (applicants under 18): _____ Date: _____

By signing this application I attest that the facts herein contained are true and correct, and knowing that any false statement is subject to prosecution under the penalties of Connecticut State Statute 53a-157b, I also allow the Derby Fire Department to perform background checks, view driving records, and criminal history reports on myself to determine the validity of the information. This information may or may not preclude any individual applicant from becoming a member of the Derby Fire Department. Initials: _____

Date Accepted: _____

Company: _____

FDID No. #: _____

Pager No. #: _____

Date Issued

Serial No. #: _____

Helmet: _____

Bunker Coat: _____

Chest: _____

Arm Length: _____

Bunker Pants: _____

Waist: _____

Leg Length: _____

Boots: _____

Size: _____

Gloves: _____

Size: _____

Physical Date: _____

Policy & Procedure Manual Received: _____

Members Initials: _____

Background Check Completion Date: _____

Reviewed By: _____

Chief Officer Signature: _____

How applicant heard about Department:

Friend

TV Advertisement

Website

Flyer

Other: _____