Derby Fire Department
1 Elizabeth Street
Derby, Connecticut 06418
(203) 736-1473

Derby Fire Department Membership Application

Date:_____ Application Type: ❒ Regular ❒ Under 18 Years Old ❒ Fire Police

Applicant Information

Name:_____ Date of Birth:_____ SS#:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

Drivers License #:_____ State:_____ Endors/Restr:_____

Email Address:_____

Company Applying To: ❒ Hotchkiss Hose Co. 1 ☑ Storm Engine Co. 2 ❒ East End Co. 3 ❒ Paugassett H&L Co. 4

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

_____

_____

Previous Experience *(Departments, Organizations)*:_____

_____

_____

Past Residences *(Other than above listed, including dates)*:_____

_____

Criminal History? Explain:_____

_____

Emergency Contact Information

Name:_____ Date of Birth:_____ Relation:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Cell:_____

Applicant Signature

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 permission 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:_____***

Derby Fire Department Membership Application
Additional Information

Applicant Name:_____ Date:_____

Administrative

Date Application Received:_____ Company:_____

Date Chief's Office Received:_____ Received By:_____

Background Check Completion Date:_____ Reviewed By:_____

Issued Fire Department Identification Number (FDID):_____

Pager #:_____ Date Issued:_____ Serial Number:_____

Helmet:_____ Model:_____ Hood:_____

Bunker Coat:_____ Chest:_____ Arm Length:_____

Bunker Pants:_____ Waist:_____ Leg Length:_____

Gloves:_____ Size:_____

Boots:_____ Size:_____

Medical Physical Date:_____

Policy & Procedures Manual Received:_____ Date:_____ Member Initials:_____

Date Member Accepted:_____ Company:_____

Chief Officer Signature:_____ Date:_____

Statistics

How applicant heard about the Derby Fire Department:

❒ Friend ❒ Website ❒ Flyer ❒ TV Advertisement

❒ Other:_____