

**Application
for
Norwich Fire Department**

Date of Application: _____ Application for: Fire-Rescue FAST Squad (EMS)

Name: _____ Social Security No.: _____
(Last Name) (First) (MI) (Preferred Name)

Date of Birth: _____ Place of Birth: _____

Drivers License Number: _____ State: _____ Expiration Date: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Primary Occupation: _____ Employer's Name: _____

Work Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: Home (____) _____ Work (____) _____
Cellular (____) _____ Pager (____) _____
Email _____

Have you had any motor vehicle violations in the last three years? _____
(If yes describe below.)

Have you been arrested for any non-motor vehicle reason in the last 10 years? ____
(If yes describe below.)

If you have had previous fire or EMT experience please describe below including any certifications, including the current status and expiration date, such as Firefighter I, First Responder, EMT-Basic, AED-CPR, etc.

(Please complete release form on back.)

**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
VERMONT RELEASE FORM**

Qualified Entity	Norwich Fire Department		
Applicant	Last	First	Middle
Maiden or Alias Names			
Social Security #			
Place of Birth	City/Town	State	Country
Date of Birth	Month	Day	Year
Applicant's Telephone #	Include Area Code and Number		
RELEASE			
<p>I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center. I understand that the results of that check will be made available to <u>Norwich Fire Department</u> for use in reviewing my suitability for employment. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont, 05671-2101.</p>			
Signature of Applicant		Date	
Identity verified by:		Date	
NOTARY			
<p>_____ personally appeared before me and satisfied me that s/he is the person named in and who signed this Release Form. Thereupon s/he acknowledged the signing of this Release Form as his/her act and deed for the uses and purposes expressed in this document.</p>			
Printed Name of Notary		Notary Signature	
Commission Number		Commission Expires	