

**TOWN OF BRISTOL FIRE DEPARTMENT**  
**Paid-Call Firefighter Application**  
P.O. Box 249 ♦ Bristol, Vermont 05443  
(802) 453-3201 ♦ [bristolfiredepartment@gmail.com](mailto:bristolfiredepartment@gmail.com)  
[www.bristolfiredepartment.org](http://www.bristolfiredepartment.org)

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

A minimum of eighteen (18) years of age: Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

**LIST PAST EMPLOYERS IF YOU HAVE BEEN AT CURRENT EMPLOYMENT FOR LESS THAT (3) YEARS**

Past Employer: \_\_\_\_\_ Dates from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Past Employer: \_\_\_\_\_ Dates from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Past Employer: \_\_\_\_\_ Dates from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Past Employer: \_\_\_\_\_ Dates from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**EDUCATION**

Name and location of High School attended: \_\_\_\_\_

Did you graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Graduated? \_\_\_\_\_

G.E.D. or equivalent: Yes \_\_\_\_\_ No \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

List any Colleges, Business School, Technical Schools for Fire Service Training attended:

Name of School	Location	Course/Major	Dates Attended	Degree/Certificate

## **FIRE FIGHTING EXPERIENCE**

Do you have previous experience in an organized fire or emergency service organization: Yes\_\_\_ No \_\_\_

If yes, name of the organization: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Position held: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Training certifications obtained: \_\_\_\_\_

## **REFERENCES**

Give the names of one (or more) member(s) of the Bristol Fire Department to whom you personally know:

Name(s): \_\_\_\_\_

Give the names of two (2) people, not members of the Bristol Fire Department and not related to you, who know you through school, business or personal association:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

## **NOTICE TO APPLICANT**

The completion of this application does not indicate that there are vacant positions in the Bristol Fire Department and in no way obligates the Town of Bristol Fire Department.

I hereby authorize the Town of Bristol Fire Department to conduct a personal background investigation including schools attended, former and present employers, residences, named references, criminal and motor vehicle record check in connection with my application for employment as a Paid on-call Firefighter.

I further understand that misrepresentation or omission of facts called for in the application process is cause for lack of Acceptance or Dismissal. Further, I also understand that the Town of Bristol may terminate my employment as a paid on-call firefighter at any time regardless of my length of service, with just cause as set forth by Town of Bristol policies.

I hereby affirm that I have read and understand the above statement, and that my answers on this application are true and correct. I understand that any misstatements may be cause for employment denial or dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_