

THE NOROTON HEIGHTS FIRE DEPARTMENT, INC.

209 NOROTON AVENUE • DARIEN, CT 06820
203-655-1033 • FAX: 203-662-0682 • E-MAIL: NHFD@DARIENCT.GOV
WEBSITE: WWW.NHFD.US

OVER 100 YEARS OF VOLUNTEER SERVICE

Dear Applicant,

Congratulations on your decision to become part of The Noroton Heights Fire Department. Membership with The Noroton Heights Fire Department is both exciting and rewarding.

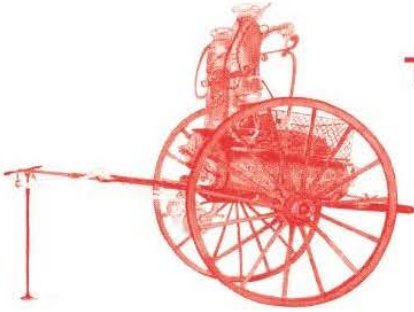
The application process is quite simple but involves a few steps and requirements. They are as follows:

- 1. Complete Application and have it notarized**
- 2. Visit your physician to have a full physical (if you are 18 years of age or younger a school physical is acceptable)**
- 3. Have two (2) letters of recommendation from either of the below:**
 - a. A Member of the NHFD (Take the time to meet with a member)*
 - b. A Family Member*
 - c. A Non-Family Member (Employer, Coach, Religious Official, etc.)*
- 4. Meet with the Membership Committee for an interview:**
 - a. When you have completed your application please return it to NHFD, at which time a committee member will contact you to schedule an interview.*
 - b. Please prepare by reviewing some public service interview questions which are available online and gather some information about the department.*
 - c. Prior to your interview, a State Police background check will be performed*
- 5. Upon completion of the application and interview process you will either receive a phone call of acceptance or a certified letter of denial.**
- 6. If you are applying for Probationary Line Membership, you must live within a 5-mile radius of The Noroton Heights Fire Department or be employed within the Town of Darien.**

Again, we are pleased that you are interested in becoming part of this great department! If you have any questions or concerns about the interview process, please feel free to contact the Membership Committee at membership@norotonheightsfd.com

Sincerely,

NHFD Membership Committee



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Name of Applicant (Last, First, Middle): _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

I am applying for (check one): Line Firefighter Probationary Membership Non-Line Probationary Membership

Driver's License Number and State: _____ Class: _____

Endorsements: _____ Restrictions: _____

Telephone Number: _____ Work Telephone Number: _____

Cellular Phone Number: _____ Email Address: _____

Address of Current Residence: _____

Town/City: _____ State: _____ Zip Code: _____

How long have you been residing at your current address? _____

Address of Previous Residence (if applicable): _____

Town/City: _____ State: _____ Zip Code: _____

How long did you reside at your previous address (if applicable)? _____

Name of Current Employer: _____

Address of Current Employer: _____

Town/City: _____ State: _____ Zip Code: _____

How long have you been with your current employer? _____

Within the past six (6) months, have you been (previously or currently) a member of any other Fire Department in the Town of Darien? Yes No

I, _____, do hereby make application to and agree to conform and abide by the rules, regulations and the Constitution and By-Laws of The Noroton Heights Fire Department, Incorporated of Darien, Connecticut. I understand that I will be subject to the orders of the Officers of the Department and accept all responsibility for my conduct and the conduct of any person(s) I may bring into the Firehouse or to a Department function. I am also aware that I am on probation for a minimum of six (6) months, or until my eighteenth (18th) birthday, whichever is longer. I give permission to The Noroton Heights Fire Department, Incorporated to obtain from any law enforcement agency, at any time deemed necessary, all information regarding my criminal record and my motor vehicle record. All information provided on this entire application is correct to the best of my knowledge. I know that if any information is false or misleading, this application may be rejected.

Signature of Applicant in the presence of a Notary Public: _____

Name of Applicant's Parent or Legal Guardian: _____

Signature of Applicant's Parent or Legal Guardian: _____ Date: _____

Name and Expiration of Notary Public: _____

Signature of Notary Public: _____ Date: _____

Name of Applicant (Last, First, Middle): _____

Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____

Address of Residence: _____

Town/City: _____ State: _____ Zip Code: _____

Driver's License Number and State: _____ Class: _____

Endorsements: _____ Restrictions: _____

For The Noroton Heights Fire Department, Incorporated Use Only:

Completed Application Received by: _____ Date Received: _____

Medical Form for Line Firefighter Probationary membership included: Yes No

Date of Interview with Investigation and Grievance Committee: _____

Date Applicant was accepted for Membership: _____

For Law Enforcement Agency Use Only:

Please conduct, at minimum, a statewide search for criminal and/or motor vehicle records for the above applicant and report results below:

Town of Darien
Volunteer Fire Departments
Physical Examinations

Procedure

- I. Review of Medical History
 - a. Accomplished through verbal conversation with examining physician.
- II. Physical Examination
 - a. Height and Weight
 - b. Blood Pressure
 - c. Visual Acuity
 - d. Examination of eyes with hand-held ophthalmoscope
 - e. Ears, nose and mouth
 - f. Hearing
 - g. Palpation of the thyroid gland
 - h. Breast examination
 - i. Heart and lungs
 - j. Palpation of the abdomen
 - k. Lymph nodes
 - l. Hernias
 - m. Skin
 - n. Brief neurological examination
 - o. Palpation of pulsation in the neck, groin and feet
 - p. Rectum
- III. Require Tests
 - a. EKG
 - b. SMA 24
 - c. CBC
 - d. Urinalysis
- IV. Additional Tests
 - a. Pulmonary Function Test: if any evidence of pulmonary dysfunction
 - b. Stress Test: if patient is 45 years or older and has three (3) or more cardiac risk factors
 - c. Other tests that the physician deems necessary to properly evaluate patient
- V. Miscellaneous
 - a. Patient with a potentially life-threatening EKG is automatically disqualified
 - b. Physician must document when the patient must be reevaluated
 - c. The Town reserves the right to require additional medical testing

I, _____, give permission to the Noroton Heights Fire Department, Incorporated to obtain the results of this physical examination.

Signature of Applicant: _____ Date: _____

Signature of Applicant's Parent or Legal Guardian: _____ Date: _____

To Be Completed by the Examining Physician

Date of Examination: _____

Name of Physician: _____ Telephone Number: _____

Address of Residence: _____

Town/City: _____ State: _____ Zip Code: _____

Test(s) conducted:

___ EKG ___ PULMONARY FUNCTION TEST

___ SMA 24 ___ STRESS TEST

___ CBC ___ OTHER – Identify: _____

___ URINALYSIS _____

Results of the Examination: ___ Satisfactory ___ Unsatisfactory

Comments (if any): _____

I hereby certify that this individual, _____, is capable of wearing a self-contained breathing apparatus (SCBA) and can perform all tasks that he/she may be required while wearing that device. This individual's ability to wear a SCBA must be reevaluated in:

___ One ___ Two ___ Three ___ Four ___ Five years

Physician's Signature: _____ Date: _____