



TOWN OF RICHMOND, VERMONT
FIRE DEPARTMENT

Submit Application

By Mail: PO Box 29, Richmond, VT 05477
Drop off at Richmond Town Center, 203 Bridge St. Richmond VT
Email to geraldlevesque@ymail.com

APPLICATION FOR MEMBERSHIP

Applicant(Please Print)_____Date_____

Address(Mailing)_____(Street)_____

Telephone(Home)_____Telephone(Work)_____

Telephone(Cell)_____

CDL? ____Yes____No

E-Mail Address _____

Reason(s) for joining _____

Previous qualifications (not required for membership)_____

Have you ever been convicted of a felony? ____ Yes ____ No
A BACKGROUND CHECK WILL BE DONE.

Occupation _____

Present Employer _____

Phone Number _____

May we contact your employer? ____ Yes ____ No

Character references: Name, Address, Phone Number

1) _____

2) _____

3) _____

May we contact these references? ____ Yes ____ No

Please state any additional information you feel may be helpful to us in
considering your application.

REQUIREMENTS OF APPLICANT

FIREFIGHTER APPLICANTS MUST COMPLETE A PHYSICAL EXAM FROM A DESIGNATED PHYSICIAN, AT THE EXPENSE OF THE FIRE DEPARTMENT, BEFORE BEING ISSUED RESPONSE GEAR OR BEING ALLOWED TO RESPOND TO EMERGENCY CALLS. FIREFIGHTER APPLICANTS MUST COMPLETE, OR SHOW PROOF OF COMPLETION, THE CHITTENDEN COUNTY BASIC FIREFIGHTER COURSE OR VERMONT STATE FIREFIGHTER LEVEL 1 COURSE WITHIN TWO YEARS.

Applicants Signature _____ DATE _____

The town of Richmond is an equal opportunity employer