



Litchfield County Regional Fire School Litchfield County Fire Chiefs Emergency Plan

Richard T. Winn
Director

John B. Field Jr
Assistant Director



Litchfield County Fire Service Instructors Application for Employment

The following requirements must be met by the applicant.

Please print or type all information. Use additional sheets if necessary if space does not permit. Enclose a copy of prerequisites.

“An Equal Opportunity Employer”

1. The applicant must be at least 18 years of age on the date the application is submitted.
2. The applicant must be a member in good standing of a Fire Department and/or an Emergency Medical Service.
3. The applicant must possess a current Connecticut Fire Service Instructor Level I certification.
4. All appointees must successfully complete a one (1) year probationary period to be considered for full appointment.

I, _____, do hereby verify that I have read the above and that I am familiar with the prerequisites.

PO Box 335
Pleasant Valley, CT 06063

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Please feel free to use additional paper (if necessary) to fully explain any and all information.

Name:			
Address:			
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Social Security Number:			
Previous Address if less then 5 years:			
Employment Record (Begin with your most recent job):			
Dates of Employment		Employer	Type of Work
From To			Reason for Termination
Firefighting and/or related experience:			
List any firefighting experience (career or volunteer, forestry, etc.) Include related experience: dispatching, hazardous materials, fire inspection, EMS, etc.			

Fire Department/EMS Organization:
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Name: Address: Phone Number: Chief of Organization:
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Fire Service/EMS Training & Certification:

List fire service/EMS related certifications held (provide copies of certificates)

List other fire service/EMS training attended (not including certifications listed above)

Briefly describe why you want to become an instructor for the Litchfield County Regional Fire School:

Please provide us with the names of five (5) personal references who have definite knowledge of your qualifications for the position for which you are applying:

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Name:	Address:	Contact:
Name:	Address:	Contact:
Name:	Address:	Contact:
Name:	Address:	Contact:
Name:	Address:	Contact:

Current Membership Validation:

I, _____, Fire/EMS Chief of the _____ Fire/EMS Organization, verify that the above named person is an active member of this Organization.

Signature:

Date:

Certification:

I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that incomplete, false or inaccurate information may result in rejection of this application and that false information may result in my dismissal from employment.

Signature:

Date:

**Do Not Write Below This Space:
For Office Use Only**

Date Submitted:

Received By:

Notes: