



Winsted Fire Department

27 Elm Street, P.O. Box 443

Winsted, CT. 06098

860-379-5155

www.winstedfire.org



APPLICATION FOR MEMBERSHIP

I hereby make an application to the Winsted Fire Department and if accepted, agree to abide by all policies and procedures of this Department as a (check one):

☐ Firefighter ☐ Fire Police ☐ Support Services ☐ Cadet/Junior

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Work: _____ Cell: _____

Email: _____

Social Security #: ____ - ____ - ____ Occupation: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Beneficiary: ☐ yes ☐ no

CT Driver's License # _____ Class: ____ CDL ☐ yes ☐ no

CT Driver License Endorsements: _____ Restrictions: _____

Have you ever had any motor vehicle convictions? ☐ yes ☐ no If yes, provide details below

Have you ever been convicted of a crime? ☐ yes ☐ no If yes, provide details below

Previous firefighting or emergency response training: _____

Do you have any physical or personal conditions which may limit you from serving actively as a member (type indicated above) of the Winsted Fire Department: ☐ yes ☐ no If yes, provide details below

I hereby agree to submit to a background check conducted by the Connecticut Department of Public Safety and to a physical examination at no cost by the Winsted Fire Department medical provider.

Applicant's Signature: _____ Date: _____

If you are 14-18 years old, signature of parent or guardian: _____

John Field
Fire Chief

Phillip Bascetta Jr.
Assistant Chief

Ben Ludwig
Deputy Chief



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References (two personal references, cannot be family member)

Name _____ Phone: _____

Address: _____

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Address: _____

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Deputy Chief