



New Fairfield Community Emergency Response Team – Training Application

Please print clearly

Full Name : _____

Home Address : _____ Town: _____ Zip : _____

Home phone : _____ Cell Phone : _____ Work phone: _____

Email(s) : _____ Blind cc email: Y or N

Employer & address : _____

Title : _____ I am 18 years or older : Yes or No

Driver Operator License # : _____ State: _____ DOB ____/____/_____

CRIMINAL HISTORY

Have you ever been arrested and convicted of a crime : Yes or No , please read below :

Questions Regarding Criminal History

*All applicants for employment and **prospective volunteers** will be required to state whether they have ever been convicted of a crime or whether criminal charges are pending against them at the time of their application.*

Applicants for employment are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. These are erased records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleed, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon

When , where and the charges :

This program does include physical activity. Do you require any special accommodations to participate ?

Yes or No , if Yes , please explain : _____

EMERGENCY CONTACT :

Name: _____ phone # _____ relationship: _____

Please provide information about your interests, community involvement, special training or anything you feel would be useful to this program :

Please check off areas of interest :

_____ Accountability _____ Damage Assessment _____ Public Information _____ EOC Support

_____ Sheltering _____ Commodities Distr. _____ Phone Bank _____ SART _____ POD support

_____ Communications/HAM _____ Rehab Team _____ IT , other : _____

Fingerprinting and Criminal History Records Checks

Volunteers who will have direct contact with minors are required to submit to state and national criminal records checks prior to commencing such volunteer work. I will submit fingerprints in a timely manner. The portion of the employment or volunteer application form which contains information concerning in the criminal history of the applicant or volunteer shall only be available to the members of the Human Resources Department and any employee involved in the interviewing and selection of the applicant or volunteer. All information on this application is true and given freely.

Name, please print : _____

Signature : _____

Date: _____



OFFICE OF EMERGENCY MANAGEMENT

Town of New Fairfield

302 Ball Pond Rd.

New Fairfield, Connecticut 06812

Phone 203-312-5723 , Fax 203-312-5715

Thank you for your interest in joining New Fairfield's Community Emergency Response Team. Attached you will find the application package.

Please read all forms.

Complete & SIGN the following documents :

1 -New Fairfield CERT – Training Application

2- Code of Conduct for Civilian Emergency Response Teams

3- Mind your Business Inc –

**** MUST RETURN WITH A \$10.00 check made out to MIND YOUR BUSINESS ****

Authorization and Release for the procurement of a consumer and/or investigation report.

5 – Return to the above address. All 3 signed forms along with your \$10.00.

If you have any questions, please contact me.

Thank you,

Maria Evans,
Emergency Management Director
Town of New Fairfield

MIND YOUR BUSINESS, INC.

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize Town of New Fairfield, by and through its independent contractor, MIND YOUR BUSINESS, INC. ("MYB"), to procure a consumer report and/or investigative consumer report on me.

These above mentioned reports may include, but are not limited to, employment and education verification; personal references; citations; a social security number verification; present and former addresses; criminal and civil history/record; and any other public record; and any other information bearing on my credit standing, credit capacity, worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon written request to MYB that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Town of New Fairfield, by and through MYB, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.*

I hereby release Town of New Fairfield, MYB and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

PRINTED NAME: _____
First Middle Last Maiden/Other

SIGNATURE: _____ DATE: _____

Parent/Guardian Signature and date: _____

COMPLETE RESIDENCE ADDRESS: _____
Street Number/P.O. Box Street Name

City State Zip Code County

SOCIAL SECURITY NUMBER: _____

DAYTIME TELEPHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED: _____

DATE OF BIRTH*: _____ GENDER*: _____

Alternatively, you may elect to call MYB directly at (888) 758-3776 X9909 to leave your Date of Birth

* This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:

Street Number/P.O. Box Street Name City State Zip Code County

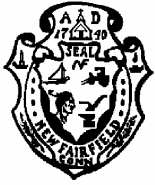
Street Number/P.O. Box Street Name City State Zip Code County

Street Number/P.O. Box Street Name City State Zip Code County

Minnesota employees – Please check here to have a copy of your Investigative Report mailed to you.

California employees – Please check here to have a copy of your Investigative Report mailed to you.

Oklahoma employees – Please check here to have a copy of your Investigative Report mailed to you.



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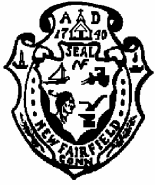
Phone 203-312-5723 , Fax 203-312-5715

Code of Conduct for Civilian Emergency Reponse Team members

The purpose of this code is to provide a safe and consistent response environment for volunteers reporting to duty as a CERT member. This includes training and emergencies. When activated CERT members are representing the town of New Fairfield to current and future members, to those who we render service and the general public. Each member must adhere to the guidelines in this Code of Conduct.

As a New Fairfield CERT member you are expected to comply with the following :

- Conduct yourself in a professional and appropriate manner and act responsibly at all times.
- You shall avoid using offensive or profane language or gestures.
- Treat fellow team members, visitors, other volunteer participants, the public, guests, town and state employee's and property with respect and courtesy.
- Members will hold in confidence all sensitive, private and personal information of those we serve.
- Refrain from accepting, or seeking on behalf of any person, any money, gifts , gratuities offered as a result of your affiliation with New Fairfield CERT. Gifts offered should be directed to the EMD.
- Refrain from using the name, emblem , endorsement, services or property of the New Fairfield CERT program, without the approval of the EMD or Selectman.
- Refrain from using your participation with New Fairfield CERT to promote or support any partisan politics, religious matters or positions of any issues.
- Confine your actions to your knowledge, physical and resource limitations when responding as a CERT. Such limitations may be determined but not limited to, equipment available, physical abilities , training, authority and hazards.
- CERT activities can be dangerous. Maintain situational awareness. You are responsible for your safety and safety of your team members. Always work as a team.
- Each member will be responsible for their personal protection equipment. It must be maintained in good working order. Bring appropriate items to a training activities and events.
- All assignments are considered confidential. CERT members may not record by any means without permission of the Incident Commander. This extends to but is not limited to cell phone cameras, personal notes, audible recording devices and videotape. Direct anyone who is looking for information to the New Fairfield EMD or Selectman.
- For everyone's safety, personal carry of a firearm will not be allowed on duty as a CERT member unless approved by the EMD or Selectman.



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Code of Conduct for Civilian Emergency Reponse Team members

- When responding in personal vehicles, all traffic laws must be obeyed.
- Members will not respond if they are under the influence of any type of substance including prescription or non-prescription medications , alcohol, etc. CERT members are subject to the same policies as any other town employee in this matter. If you suspect a team member is under the influence, inform your team leader and or EMD immediately.

Any and all violations will be thoroughly investigated. During the investigation process, involved members may be suspended form all CERT activities, pending the outcome of the investigation. Said members will be notified as to the status with the CERT program by the EMD. The EMD may discipline or remove a CERT member based on the outcome of any investigation.

By signing this document you verify that you have read and understand the Code of Conduct for CERT and the town of New Fairfield.

Print name _____

Signature _____

Date _____



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Town of New Fairfield

CERT Mission Statement

New Fairfield CERT is a volunteer organization created under the Federal Citizen Corp initiative and under the direction of the Town of New Fairfield Office of Emergency Management. Thru training, we are ready and able to support public officials and first responders in times of need by performing various activities as directed by the Director of Emergency Management.

Maria Evans

Emergency Management Director
Town of New Fairfield



THE TOWN OF NEW FAIRFIELD

Human Resources Department
3 Brush Hill Road, New Fairfield, CT 06812
PH: 203-312-5660 FAX: 203-312-5763
www.newfairfield.org

SECURITY CHECKS OF EMPLOYEES AND VOLUNTEERS

Questions Regarding Criminal History

All applicants for employment and prospective volunteers will be required to state whether they have ever been convicted of a crime or whether criminal charges are pending against them at the time of their application.

Applicants for employment are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. These are erased records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon.

The portion of the employment or volunteer application form which contains information concerning the criminal history of the applicant or volunteer shall only be available to the members of the Human Resources Department and any employee involved in the interviewing and selection of the applicant or volunteer.

Fingerprinting and Criminal History Records Checks

Each person hired by the Town shall be required to submit to state and national criminal records checks as a condition of employment. Volunteers who will have direct contact with minors are also required to submit to state and national criminal records checks.

Fingerprinting and submission to state and national records checks shall not be required of applicants/employees and volunteers who are less than 16 years of age.

Procedure

All employees are required to submit to state and national criminal history records checks within thirty (30) days from the date of employment. Failure of the applicant/employee to have his/her fingerprints submitted in a timely manner will be grounds for withdrawal of the offer for employment.

Volunteers who will have direct contact with minors are required to submit to state and national criminal history records checks prior to commencing such volunteer work.

Any person required by this policy to submit to a criminal history records check shall pay all fees and costs associated with the fingerprinting process and/or the submission or processing of the request for criminal records checks.

Decisions regarding the impact of a conviction upon an applicant/employee or volunteer shall be made on a case by case basis. The falsification or omission of information on an application or at an interview shall be grounds for disqualification from consideration for employment or discharge.

TOWN OF NEW FAIRFIELD
SEXUAL HARASSMENT POLICY

POLICY:

It is the policy of the Town of New Fairfield to prohibit harassment of one employee or volunteer by another employee, a volunteer, a supervisor, an elected or appointed official, or the public on the basis of sex. The purpose of this policy is not to regulate our employees' or volunteers' personal morality. It is to assure that no employee, volunteer, elected or appointed official or member of the public harasses an employee or volunteer on the basis of sex. In this regard, supervisors shall not use their authority to solicit subordinates for sexual favors, making submission either implicitly or explicitly a term or condition of employment. Likewise, between fellow employees, solicitation, insults, comments, verbal or physical advances or other sexually offensive activity will not be tolerated.

DEFINITIONS:

A. Sexual Harassment.

Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 as well as Connecticut General Statutes, 46a-60(a)(8). Sexual harassment is generally defined under both state and federal law as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where:

Submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment; or

Submission to or rejection of such conduct by any individual is used as the basis for employment decisions affecting such individual; or

Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

B. Types of Sexual Harassment.

Sexual harassment may take many different forms. The most obvious is the demand for sexual favors, however, sexual harassment may also include:

1. Verbal: Includes sexual innuendos, suggestive comments, jokes of a sexual nature, sexual propositions, threats;
2. Non-verbal: Includes sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling, obscene gestures;

3. Physical: Unwanted physical contact, including touching, pinching, brushing the body, coerced sexual intercourse, assault.

Sexual harassment may be overt or subtle. Some behavior which is appropriate in a social setting may not be appropriate in the workplace. But whatever form it takes, verbal, non-verbal or physical, sexual harassment can be insulting and demeaning to the recipient and, will not be tolerated in the workplace.

COMPLAINT PROCEDURE:

Any employee who believes he or she has been the subject of sexual harassment should report the alleged act immediately to the First Selectman, who is primarily responsible for investigating such allegations. In the event that the employee is uncomfortable, for any reason, with discussing the matter with the First Selectman, the employee should contact his or her supervisor or any other Town of New Fairfield supervisor with whom he/she is comfortable discussing the matter. Said supervisor will then, at the employee's request, either act as liaison between the employee and the First Selectman, or personally undertake the investigation, and report the results to the First Selectman.

All complaints will be handled in a timely and confidential manner. Investigation of such matters will usually entail conferring with the involved parties and any named or apparent witnesses.

DISCIPLINARY ACTION:

If an investigation reveals that the complaint is valid, prompt action will be taken to stop the harassment immediately and prevent its recurrence. Violation of this policy will not be permitted, and may result in disciplinary action up to and including discharge, and may also result in civil and/or criminal penalties.

Attached you will find a copy of the Code of Ethics for the Town of New Fairfield which became effective on December 13, 1990. As an employee of the town you will be expected to abide by this code. The ordinance is intended to build public confidence in town employees, elected officials, and the entire process of town government. It is also intended as an educational resource for employees and elected officials to refer to when making decisions and acting in a public capacity.