

MEMBERSHIP APPLICATION

An Equal Opportunity Organization

A Drug Free Organization

Fort Plain Volunteer Fire Department

Date: ___/___/___

PLEASE PRINT

Name: _____

Present Address: _____

Are you a resident of the Village of Fort Plain or the Fort Plain Contracted Fire District? Yes No

Phone: (____) _____ Cell: (____) _____ Other: (____) _____

POSITION DESIRED:

Firefighter Fire Police Only

Are you available: Daytime? Yes No Evenings? Yes No Weekends? Yes No

PERSONAL INFORMATION (NY State Law Mandates that all applicants to a volunteer fire department must have an Arson Check done on their name before they can become a member of a fire department.)

Date of Birth: ___/___/_____ Age: _____ SSN: _____-_____-_____

Sex: Male Female Place of Birth: City: _____ State: _____

Drivers License Info: State: _____ Class: _____ License ID #: _____

Skin Tone: Light Medium Dark Racial Appearance: White Black Am Indian Japan China Other

Do you have any disabilities: Yes No If Yes explain: _____

Health: Excellent Good Fair Poor Marital Status: Single Married Separated Divorced

Spouse's name if married: _____

Have you ever applied to this organization? Yes No

If yes, when? _____

Have you ever been a member of a fire department, rescue squad, or similar organization? Yes No

Name and address of organization: _____

Position held: _____ Reason for leaving: _____

List all related training you completed:

In a brief paragraph, state why you wish to join this department, what the department can gain from your membership and what you expect to gain from membership

Have you ever been arrested, summoned into court as a defendant or indicted, convicted, fined imprisoned, or place on probation, or has any case been filed against you? Yes No

If yes explain: _____

Have you ever been ordered to deposit collateral for alleged breach or violation of any order, ordinance, or police regulation whatsoever? Yes No

Have you ever been dismissed or resigned from any position: Yes No

If yes explain: _____

MILITARY SERVICE, EDUCATION, TRAINING AND EXPERIENCE

Military Service:

Branch: _____ Rank: _____ Date of Service: ____/____/____

Type of Discharge: _____ Specialty Field: _____

High School: _____ Graduated? : Yes No Date: _____

College/

University: _____ Graduated? : Yes No Date: _____

Vocational/

Do you have any other experiences, training, qualifications or skills which you feel make you especially suited for this organization? Yes No

If yes, please explain:

EMPLOYMENT HISTORY

Present Employer: _____ **Telephone No:** (____) _____

Address: _____

Type of Business: _____

Supervisor's Name: _____ **Title:** _____

Position and Duties _____

Previous Employer: _____ **Telephone No:** (____) _____

Address: _____

Type of Business: _____

Supervisor's Name _____ **Title:** _____

Position and Duties _____

REFERENCES (List three people who are not related to you by blood or marriage who are familiar with your education or work experience)

Name: _____ **Address:** _____

Phone: _____

Name: _____ **Address:** _____

Phone: _____

Name: _____ **Address:** _____

Phone: _____

***IMPORTANT NOTICE:
APPLICANT MUST COMPLETELY ANSWER EACH QUESTION OR THIS APPLICATION WILL NOT BE
PROCESSED FURTHER***

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, personally completed this application. I understand that any omission or misstatement of fact on this application or any document used to secure membership shall be grounds for rejection of this application or immediate discharge from the organization, regardless of the time lapsed before. I understand and agree that my acceptance is dependant upon the successful completion of an O.S.H.A. physical (provided by the organization), and completion of the N.Y.S.O.F.P.C Fire Fighter 1 class or Scene Support within one year of membership. I agree to attend meetings, drills and fires, when I am available, unless and excuse is requested. I further agree to follow all By Laws of this organization.

If, without a legitimate excuse, I should not fulfill my obligations to this organization, I shall consider myself automatically resigned from the Organization.

I have read, understand, and agree with the above.

Applicant's Printed Name

Applicant's Signature

____/____/____
Date

Authorization/Release

I hereby authorize this organization to thoroughly investigate my references, work record, education, criminal and other matters related to my suitability for membership and further, authorize my former employers to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature

____/____/____
Date

DO NOT WRITE BELOW THIS LINE

Received by: _____ Date: ____/____/____

Date Interviewed: ____/____/____ Arson Investigation Completed: ____/____/____ Passed Yes No

Interviewed by:

Comments:

